

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2007 APR 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000046584

1. Entity Name

INTRACOASTAL PROFESSIONAL, LLC



Principal Place of Business

2240 WOOLBRIGHT ROAD, SUITE 300
BOYNTON BEACH, FL 33426

Mailing Address

2240 WOOLBRIGHT ROAD, SUITE 300
BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE



04042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1353605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

APPIGNANI, LOUIS J
2240 WOOLBRIGHT ROAD, SUITE 300
BOYNTON BEACH, FL 33426

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WILES RD BUSINESS CENTER LTD.
STREET ADDRESS 2240 WOOLBRIGHT RD SUITE 300
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300101920629
05/08/07--01023--008 **550.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(SIGNATURE: _____)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Louis J Appignani

Date

Daytime Phone #

4/4/07 561-364-5500