

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000057545

FILED
Dec 07, 2009
Secretary of State

Entity Name: GOLD COAST PAINTING, LLC

Current Principal Place of Business:

748 TURKEY CREEK
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

748 TURKEY CREEK
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 86-1113766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROCK, HAROLD C
Address: 14106 NE 34TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: MGR () Delete
Name: PENNELL, JEFFREY C
Address: 7117 SW ARCHER RD. #2423
City-St-Zip: GAINESVILLE, FL 32608 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROCK, HAROLD C
Address: 748 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: RIVENBARK, DAVID
Address: 5930 NW 54TH WAY
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H. CRAIG BROCK

MGR

12/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date