

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062949

FILED  
May 05, 2009  
Secretary of State

Entity Name: COASTA-COLA, L.L.C.

**Current Principal Place of Business:**

22 AVENUE E  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

22 AVENUE E  
APALACHICOLA, FL 32320

**New Mailing Address:**

FEI Number: 20-2435413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GAY, DONNIE  
274 N. BAYSHORE DRIVE  
EASTPOINT, FL 32328      US

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: MGRM ( ) Delete  
Name: NORTON, JAMES P  
Address: 103 ST. JOSEPH DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM ( ) Delete  
Name: WEST, ELWOOD L JR  
Address: PO BOX 27611  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: MGRM ( ) Delete  
Name: EDENFIELD, MARCUS W  
Address: 30 MYRTLE STREET  
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM ( ) Delete  
Name: GAY, DONNIE J  
Address: 274 N BAYSHORE DRIVE  
City-St-Zip: EASTPOINT, FL 32328

Title: MGRM ( ) Delete  
Name: NORTON, JOSEPH  
Address: 751 GAYFER AVE  
City-St-Zip: FAIRHOPE, AL 36532

Title: MGMR ( ) Delete  
Name: NICHOLAS, BORNHOFT  
Address: 800 PINEHURST CR #823  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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: ELWOOD WEST

MGRM

05/05/2009

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