

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90036 030 ****50.00

DOCUMENT # L04000065000

1. Entity Name
"E" COAST ENTERPRISES, LLC



Principal Place of Business
2305 US HWY 98 W
SANTA ROSA BEACH, FL 32459

Mailing Address
P.O. BOX 1381
SANTA ROSA BEACH, FL 32459

20030571



2. Principal Place of Business

3. Mailing Address

4961 Audubon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-LLC CR2E083 (11/05)

City & State

City & State
Mobile, AL

4. FEI Number
20-1703206

Applied For
Not Applicable

Zip

Country

36619

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDBETTER, FRANK
2305 US HWY 98 W
SANTA ROSA BEACH, FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEDBETTER, FRANK
STREET ADDRESS P.O. BOX 1381
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☒ Change ☐ Addition
NAME 4961 Audubon Drive
STREET ADDRESS Mobile, AL 36619
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CORLEY, MACK
STREET ADDRESS 4161 HWY 30-A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☒ Change ☐ Addition
NAME 156 Garfield Street
STREET ADDRESS Santa Rosa Beach, FL 32459
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06 251-661-2941