2009 **LIMITED LIABILITY COMPANY ANNUAL REPORT**

8/7/

**FILED**
**Sep 10, 2008 8:00 am**
**Secretary of State**
08-07-2008 90009 031 ****50.00
09-10-2008 90031 040 ****88.75

DOCUMENT # L04000053718

1. Entity Name

COASTAL INSTALLATION LLC

**DO NOT WRITE IN THIS SPACE**

60046961

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 6136 Pickwick Rd | 6136 Pickwick Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee FLA | City & State: Tallahassee FLA |
| Zip: 32309 Country: LEON | Zip: 32309 Country: LEON |

CR2E083B (12/07)

4. FEI Number: 59-3100139 ☐ Applied For ☐ Not Applicable

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

6.

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Samuel H. Booth

Street Address (P.O. Box Number is Not Acceptable): 6136 Pickwick Rd

City: Tallahassee FL Zip Code: 32309

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: SHBooth
Signature, typed or printed name of registered agent and title if applicable — DATE

**January 1 - May 1 Fee is $138.75**
**After May 1, Fee is $538.75**
**Amended AR is $50.00**
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | Manager |
| NAME | Sam H. Booth |
| STREET ADDRESS | 6136 Pickwick Rd |
| CITY-ST-ZIP | Tallahassee FL 32309 |
| TITLE | managing member |
| NAME | Chris C Shivers |
| STREET ADDRESS | 9761 Pasture Drive |
| CITY-ST-ZIP | Tallahassee FL 32311 |
| TITLE | Managing Member |
| NAME | Pedro Zamarron |
| STREET ADDRESS | 2216 W. Jefferson St. |
| CITY-ST-ZIP | Quincy FL 32351 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10.

**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:** SHBooth 8/4/08 850-566-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #