

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066998

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** COASTAL PROPERTY MANAGEMENT OF VOLUSIA COUNTY, LLC

**Current Principal Place of Business:**

4635 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

4635 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 20-2443528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHOETTLER, GWEN  
4635 SAXON DRIVE  
NEW SMYRNA BEACH, FL 32169 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  
Name: SCHOETTLER, GWEN  
Address: 4635 SAXON DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR  
Name: SCHOETTLER, THOMAS  
Address: 4635 SAXON DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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: GWEN SCHOETTLER

MGR

02/16/2010

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