

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072973

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** COASTLINE CONSULTING & DEVELOPING, LLC

**Current Principal Place of Business:**

33 COMARES AVENUE, #103  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

684 BATTERSEA DRIVE  
ST AUGUSTINE, FL 32905

**Current Mailing Address:**

33 COMARES AVENUE, #103  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

684 BATTERSEA DRIVE  
ST AUGUSTINE, FL 32905

**FEI Number:** 20-2348660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VORPE, ORA P  
33 COMARES AVENUE, #103  
ST AUGUSTINE, FL 32080 US

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

VORPE, ORA P  
684 BATTERSEA DRIVE  
ST AUGUSTINE, FL 32095 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:**

03/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VORPE, ORA P  
Address: 33 COMARES AVENUE, #103  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGR ( ) Delete  
Name: VORPE, ORA P  
Address: 33 COMARES AVENUE, #103  
City-St-Zip: ST AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VORPE, ORA P  
Address: 684 BATTERSEA DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

Title: MGR (X) Change ( ) Addition  
Name: VORPE, ORA P  
Address: 684 BATTERSEA DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

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:** ORA P VORPE

PRES

03/04/2009

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