


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 048 ****50.00

DOCUMENT # L04000078143					
1. Entity Name COASTAL BACKHOE, LLC					
Principal Place of Business 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US			Mailing Address 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US		
2. Principal Place of Business - No P.O. Box # 8500 Fowler Avenue Suite, Apt. #, etc.			3. Mailing Address 8500 Fowler Avenue Suite, Apt. #, etc.		
City & State Pensacola, FL			City & State Pensacola, FL		
Zip 32534		Country USA		4. FEI Number 20-1689265	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JESKLO, INC. 8500 FOWLER AVENUE PENSACOLA, FL 32534					
7. Name and Address of New Registered Agent 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. as president of Jesklo, Inc. 4/27/07 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JESKLO, INC. 8500 FOWLER AVENUE PENSACOLA, FL 32534			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____				as president of Jesklo, Inc. 4/27/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

COPY

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DOCUMENT # L04000078143

1. Entity Name
COASTAL BACKHOE, LLC



Principal Place of Business
**4370 DEVEREUX DRIVE
PENSACOLA, FL 32504 US**

Mailing Address
**4370 DEVEREUX DRIVE
PENSACOLA, FL 32504 US**

ATTACHMENT

400.97603

2. Principal Place of Business - No P.O. Box #
8500 Fowler Avenue

3. Mailing Address
8500 Fowler Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
20-1689265

Applied For
☐ Not Applicable

Zip Country
32534 USA

Zip Country
32534 USA

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

**JESKLO, INC.
8500 FOWLER AVENUE
PENSACOLA, FL 32534**

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.

as president of Jesklo, Inc.

4/27/07

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
**MGR
JESKLO, INC.
8500 FOWLER AVENUE
PENSACOLA, FL 32534**

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

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(850)

as president of Jesklo, Inc. 4/27/07 484-7977

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #