

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90102 037 ***138.75

DOCUMENT # L04000083423

1. Entity Name
COAST SRS, L.L.C.



Principal Place of Business
5514 PARK BOULEVARD
PINELLAS PARK, FL 33781 US

Mailing Address
5514 PARK BOULEVARD
PINELLAS PARK, FL 33781 US

00011004



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2090600

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

ENGLANDER, LEONARD S
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33731

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.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BRODERICK, ROGER B
STREET ADDRESS 5514 PARK BOULEVARD
CITY- ST- ZIP PINELLAS PARK, FL 33781

TITLE MGR ☐ Delete
NAME STROSS, JOHN E
STREET ADDRESS 3010 82ND WAY NO
CITY- ST- ZIP SAINT PETERSBURG, FL 33710

TITLE MGR ☐ Delete
NAME THE BURG INVESTMENTS, INC
STREET ADDRESS 150 SECOND AVE N STE 1600
CITY- ST- ZIP SAINT PETERSBURG, FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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NAME
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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

2/13/08

Date

727-544-1403

Daytime Phone #