2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000086969

1. Entity Namo

STREET ADDRESS

CITY-ST-ZIP

R & M COASTAL INVESTMENTS, LLC



FILED Feb 06, 2007 08:00 Al Secretary of State

Secretar

Principal Plac	o of Business	Mailing Address			
	COUNTY HWY 30A	4045 WEST COUNTY	HWY 30A		
#403 SANTA ROS	SA BEACH FL 32459	#403 SANTA ROSA BEACH	I FL 32459		
US		US			
2. Principal P	face of Businoss - No P.O. Box #	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1st MOORE CR2E083	(10/06)
City & State	е	City & State		4. FEI Number 20-1961005	Applied For Not Applicable
Zip	Country	Zıp	Country		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		·	7. Name and Address of New Registered Agent		
			Namo		
STEPHENS, MARY 4045 WEST COUNTYHWY 30A #403 SANTA ROSA BEACH FL 32459		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
		- ".			
		City	FL	Zip Code	
	named ontity submits this statement fions of registered agent.	or the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am	familiar with, and accopt
SIGNATURE .					
	Signature, typed or printed name of registered agen	and title if applicable (NOT	E: Registered Agent signature req	uved when roinstailing) DATE	
		II.	OW!!! FEE IS \$50.0	3	
			le to Florida Departn	nent of State	
			e By May 1, 2007	<u> </u>	
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLL					
NAMI	MGRM	☐ Delele	TITL!"		☐ Change ☐ Addition
NAME STREET ADDRESS	STEPHENS, MARY	☐ Delete	NAME SIREFT ADDRESS	U00000625239	Change Adda.
		☐ Delete	NAME	U00000625239 02/14/07-80067-01	
STRIFT ADDRESS	STEPHENS, MARY 4045 WEST COUNTY HWY 30A	☐ Delete	NAME STREET ADDRESS	000000625239 02/14/07-80067-01	
STRIFT ADDRESS CITY+ST-ZIP TITU NAME	STEPHENS, MARY 4045 WEST COUNTY HWY 30A SANTA ROSA BEACH FL 32459 MGRM RAU, RICHARD B		NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME:	U00000625239 02/14/07-80067-01	16 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (AND) (A DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daylima Phone #