

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000091170

1. Entity Name
COAST TO COAST MANAGEMENT CO., LLC



Principal Place of Business
**3335 TAMiami TRAIL
PUNTA GORDA, FL 33950**

Mailing Address
**3335 TAMiami TRAIL
PUNTA GORDA, FL 33950**



01232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2017393	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REDISH, GARY J
3335 TAMiami TRAIL
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REDISH, GARY J
3335 TAMiami TRAIL
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HATFIELD, DWIGHT C
3335 TAMiami TRAIL
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ETHERINGTON, STEPHEN
3335 TAMiami TRAIL
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01232006428243
02/21/06-80041-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #