

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000091518

**FILED**  
**Sep 12, 2011**  
**Secretary of State**

**Entity Name:** COASTAL NETWORK SERVICES LLC

**Current Principal Place of Business:**

6601 MEMORIAL HWY, SUITE 207  
TAMPA, FL 336154501

**New Principal Place of Business:**

6601 MEMORIAL HWY, SUITE 109  
TAMPA, FL 336154501

**Current Mailing Address:**

6601 MEMORIAL HWY, SUITE 207  
TAMPA, FL 336154501

**New Mailing Address:**

6601 MEMORIAL HWY, SUITE 109  
TAMPA, FL 336154501

**FEI Number:** 27-0111483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUELLER, STEPHEN E  
12530 BLAZING STAR  
TAMPA, FL 33626 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MUELLER, STEPHEN E  
Address: 12530 BLAZING STAR  
City-St-Zip: TAMPA, FL 33626

I hereby 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: STEPHEN E. MUELLER

MGR

09/12/2011

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