

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000304

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** COASTAL DESIGN FO CITRUS COUNTY LLC

**Current Principal Place of Business:**

605 NORTH LAKE CIRCLE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

605 NORTH LAKE CIRCLE  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

**FEI Number:** 59-2693186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARDOLINO, ANTHONY A PRES  
605 NORTH LAKE CIRCLE  
CRYSTAL RIVER, FL 34429 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: MGR  
Name: ARDOLINO, ANTHONY A  
Address: 605 NORTH LAKE CIRCLE  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: ANTHONY A ARDOLINO

MGR

04/27/2011

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