

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 026 ****50.00

DOCUMENT # L05000005839

1. Entity Name

WEST COAST GRADING, LLC



Principal Place of Business

17203 48TH COURT NORTH
LOXAHATCHEE FL 33470
US

Mailing Address

17203 48TH COURT NORTH
LOXAHATCHEE FL 33470
US



2. Principal Place of Business

2901 Woodward Ave.

Suite, Apt. #, etc.

3. Mailing Address

2901 Woodward Ave.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

North Port, FL

Zip

34286

Country

USA

City & State

North Port, FL

Zip

34286

Country

USA

4. FEI Number

20-2176847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK PROBERT GRADING, INC
17203 48TH COURT NORTH
LOXAHATCHEE FL 33470

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

Mark Probert

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

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARK PROBERT GRADING INC
17203 48TH COURT NORTH
LOXAHATCHEE FL 33470

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- 2901 Woodward Ave
North Port, FL 34286

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 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: *Mark Probert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/06 941-429-8990
Date Daytime Phone #