## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L05000006527

Entity Name
 COASTAL EXPRESS TAX SERVICE, LLC



**FILED** 

Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90018 028 \*\*\*\*50.00

40048473

Principal Place of Business

Mailing Address

CHABOT - HV DUFUNIAK SI	NY 90 W Prings, FL 3	2433	5524 MOSSY TOP WAY TALLAHASSEE, FL 32303								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242006	Chg-LLC	CR2E083	3 (11/05)		
City & State			City & State			4. FEI Number	497467	7	<del></del>	oplied For ot Applicable	
Zıp	Country		Zip	Country		1	rate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MOY, WANDA 5524 MOSSY TOP WAY					Name Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32303											
					City			FL	Zip Cod	е	
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 ago	ent and title if applicable. (	NOTE: Registere	d Agent signature re	equired when reinstating)		DATE		<del></del>	
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				
9.		MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/0	CHANGES			
TITLE	MGR		☐ Delete	TITLE					Change	Addition	
NAME	MOY, WAN	IDA		NAME					Criange		
STREET ADDRESS	CHABOT - HWY 90 W			STRE	ET ADDRESS						
CITY - ST - ZIP	DUFUNIAK	SPRINGS, FL 324	33	CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE		- <del> </del>		Г	Change	Addition	
NAME				NAM NAM					0.16.190		
STREET ADDRESS				STRE	ET ADORESS						
CITY-ST ZIP				City	-ST-ZIP						
TITLE		<u> </u>	☐ Delete	TOTAL			· ·	Γ	Change	Addition	
NAME				NAM	Ε Ι			-			
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST ZIP				CITY	-ST-ZIP						
FITLE			☐ Delete	TITLE					Change	Addition	
NAME				NAM	£ .				_ ,		
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME				NAM	E						
STREET ADORESS					ET ADDRESS						
CITY ST ZIP				CITY	-ST-ZIP						
HITLE			☐ Delete	TITLE					Change	Addition	
NAME				NAM	l l						
STREET ADDRESS	1			STRE	ET ADDRESS						

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CHY-ST ZIP

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE