

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008919

FILED  
May 14, 2009  
Secretary of State

**Entity Name:** COASTAL ASSET RECOVERY, LLC

**Current Principal Place of Business:**

3837 NORTHDALÉ BOULEVARD  
SUITE 230  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

3837 NORTHDALÉ BOULEVARD  
SUITE 230  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** ☐ **FEI Number Applied For ( )** ☐ **FEI Number Not Applicable (X)** ☐ **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CALLIAU, CHARLES  
3837 NORTHDALÉ BOULEVARD  
SUITE 230  
TAMPA, FL 33624 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: CALLIAU, CHARLES  
Address: 3837 NORTHDALÉ BOULEVARD, SUITE 230  
City-St-Zip: TAMPA, FL 33624 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES CALLIAU

MGRM

05/14/2009

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