


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90031 002 ***138.75

DOCUMENT # L05000036061	
1. Entity Name COASTAL PROPERTIES CLEANING SERVICES, LLC	

Principal Place of Business 10343 EAST CO. HWY 30-A, SUITE 104 SEACREST BEACH, FL 32413	Mailing Address 10343 EAST CO. HWY 30-A, SUITE 104 SEACREST BEACH, FL 32413
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60029166

2. Principal Place of Business - No P.O. Box # 36132 Emerald Coast Pkwy Suite, Apt. #, etc.	3. Mailing Address 36132 Emerald Coast Pkwy Suite, Apt. #, etc.
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04212008 Chg-LLC CR2E083 (12/06)

City & State DESTIN FL	City & State DESTIN FL
Zip 32541	Zip 32541
Country	Country

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, ZACH 134 MY WAY SANTA ROSA BEACH, FL 32459
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7. Name and Address of New Registered Agent Name ZACH Johnson Street Address (P.O. Box Number is Not Acceptable) 36132 Emerald Coast Pkwy City DESTIN FL Zip Code 32541

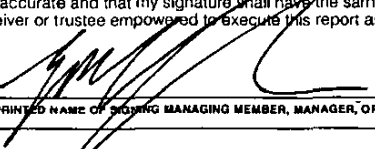
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 4/23/08
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, ZACH 134 MY WAY SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: 	DATE 4/23/08	Daytime Phone # 904.664.4949
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