

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90056 016 *****50.00

DOCUMENT # L05000054439

1. Entity Name

COASTAL ROOSEVELT, LLC



Principal Place of Business

Mailing Address

28100 US HIGHWAY 19N STE 511
CLEARWATER FL 33761

28100 US HIGHWAY 19N STE 511
CLEARWATER FL 33761

2. Principal Place of Business - No P.O. Box #

28200 US-19 N

3. Mailing Address

P.O. BOX 1465

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL.

City & State

DUNEDIN FL.

Zip

33761

Country

USA

Zip

33697

Country

USA

4. FEI Number

20-2941646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESSER, JASON K
28100 US HIGHWAY 19N STE 511
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

LESSER, JASON K

Street Address (P.O. Box Number is Not Acceptable)

28200 US-19 NORTH

City

CLEARWATER

FL

Zip Code

33761

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 agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LESSER, JASON K
28100 US HIGHWAY 19N STE 511
CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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.

127-725-5544

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/07