

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070618

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** COASTAL MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

19401 SKIDMORE WAY, SUITE 101  
FORT MYERS, FL 33967

**New Principal Place of Business:**

**Current Mailing Address:**

19401 SKIDMORE WAY, SUITE 101  
FORT MYERS, FL 33967

**New Mailing Address:**

FEI Number: 06-1827764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

HARRIS, MICHAEL T  
19401 SKIDMORE WAY, SUITE 101  
FORT MYERS, FL 33967      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:**

Title: MGR      ( ) Delete  
Name: HARRIS, MICHAEL T  
Address: 19401 SKIDMORE WAY, SUITE 101  
City-St-Zip: FORT MYERS, FL 33967

**ADDITIONS/CHANGES:**

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: MICHAEL T. HARRIS

MGR

05/01/2008

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