

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070824

FILED
Apr 20, 2009
Secretary of State

Entity Name: ENTRUST GULF COAST, LLC

Current Principal Place of Business:

451 CENTRAL PARK DRIVE
LARGO, FL 33771 US

New Principal Place of Business:

4560 VIA ROYALE #1
FORT MYERS, FL 33919 US

Current Mailing Address:

451 CENTRAL PARK DRIVE
LARGO, FL 33771 US

New Mailing Address:

4560 VIA ROYALE #1
FORT MYERS, FL 33919 US

FEI Number: 20-3165645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAHAN, JACK
451 CENTRAL PARK DRIVE
LARGO, FL 33771 US

Name and Address of New Registered Agent:

ISLAND FINANCIAL SERVICES INC
4560 VIA ROYALE #1
FORT MYERS, FL 33919 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: DAVID A OWENS

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CALLAHAN, JACK
Address: 451 CENTRAL PARK DRIVE
City-St-Zip: LARGO, FL 33771 US

Title: MGR () Delete
Name: OWENS, DAVID
Address: 12853 BANYAN CREEK DRIVE
City-St-Zip: FT MYERS, FL 33908 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OWENS, DAVID A
Address: 4560 VIA ROYALE #1
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR (X) Change () Addition
Name: OWENS, DAVID
Address: 4560 VIA ROYALE #1
City-St-Zip: FT MYERS, FL 33919 US

Title: MGMR () Change (X) Addition
Name: ISLAND FINANCIAL SERVICES INC
Address: 4560 VIA ROYALE #1
City-St-Zip: FORT MYERS, FL 33919

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: DAVID A OWENS

MGMR

04/20/2009

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