

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90206 001 ***971.25

30005848



DOCUMENT # L05000096618 1. Entity Name PB&J ON COAST, LLC																													
Principal Place of Business 1651 #1 CAPE HOPE AVE NE ST PETERSBURG, FL 33702			Mailing Address 1651 #1 CAPE HOPE AVE NE ST PETERSBURG, FL 33702																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 34-2057028 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04252008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent JOHNSON, BRIAN E 7190 SEMINOLE BLVD SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name Robert E. Gray, Jr. Street Address (P.O. Box Number is Not Acceptable) 1651 #1 Cape Hope Ave. NE City St. Petersburg FL Zip Code 33702																										
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 <i>Robert Gray</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/29/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>																										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make Check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRAY, ROBERT E JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>118 BRIGHTON WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MERRICK, NY 11566</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GRAY, ROBERT E JR		STREET ADDRESS	118 BRIGHTON WAY		CITY-ST-ZIP	MERRICK, NY 11566		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Robert Gray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4/29/08 <small>Date Daytime Phone #</small>																										