2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L05000111581

Entity Name: COASTAL GROUND SERVICES, LLC.

Current Principal Place of Business:

24 S. WALTON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

24 SOUTH WALTON AVE.
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DALY, ROBERT J
24 SOUTH WALTON AVE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

GEIGER, VICTOR S
24 SOUTH WALTON AVE
TARPON SPRINGS, FL 34689 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: VICTOR S. GEIGER 04/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DALY, ROBERT J
Address: 24 S. WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM ( ) Delete
Name: GEIGER, WALLACE E
Address: 24 S. WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM ( ) Delete
Name: GEIGER, VICTOR S
Address: 24 S. WALTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VICTOR S GEIGER MGMR 04/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date