

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115936

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** COASTAL INTERNATIONAL LOGISTICS, LLC

**Current Principal Place of Business:**

1420 VANTAGE WAY  
SUITE 112  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1420 VANTAGE WAY  
SUITE 112  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 20-3897838      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ALLEN, HADDON N  
6100 ST. ANDREWS COURT  
PONTE VEDRA BEACH, FL 32082      US

**Name and Address of New Registered Agent:**

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  
**Name:** ALLEN, HADDON N  
**Address:** 6100 ST. ANDREWS COURT  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** MGR  
**Name:** ALLEN, WILLIAM K  
**Address:** 1420 VANTAGE WAY SUITE 112  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** MGR  
**Name:** HOOD, CHRISTOPHER S  
**Address:** 1420 VANTAGE WAY SUITE 112  
**City-St-Zip:** JACKSONVILLE, FL 32218

I hereby 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:** HADDON N ALLEN

MGR

02/08/2010

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