

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118541

FILED  
Jun 07, 2006  
Secretary of State

**Entity Name:** COASTAL GLASS RESTORATION, LLC

**Current Principal Place of Business:**

1700 ALAMANDER AVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1700 ALAMANDER AVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 20-3884695      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:**

BATES, ALAN C  
1700 ALAMANDER AVE  
ENGLEWOOD, FL 34223      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: MGRM ( ) Delete  
Name: BATES, ALAN C  
Address: 1700 ALAMANDER AVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM ( ) Delete  
Name: BARNETT BATES, GWYNNE A  
Address: 1700 ALAMANDER AVE  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

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 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: ALAN C. BATES

MGMR

06/07/2006

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