

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L06000009466

1. Entity Name

GULF COAST REMODELING CO LLC



**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90076 044 \*\*\*138.75



Principal Place of Business 250 E. MACK Mailing Address 250 E. MACK  
~~274 PLANTATION WAY~~ BAYOU DR. ~~274 PLANTATION WAY~~ BAYOU DR.  
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459  
US US

2. Principal Place of Business - No P.O. Box # 250 E. MACK BAYOU DR. 3. Mailing Address 250 E. MACK BAYOU DR.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State SANTA ROSA BEACH, FL. City & State SANTA ROSA BEACH, FL.  
Zip 32459 Country USA Zip 32459 Country WALTON

4. FEI Number 42-1691653 Applied For ☐ No: Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  
JOBIN, EMILE M  
~~274 PLANTATION WAY~~ 250 E. MACK BAYOU  
SANTA ROSA BEACH FL 32459 DR.

7. Name and Address of New Registered Agent  
Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City FL Zip Code \_\_\_\_\_

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 E. M. Jobin (NOTE: Registered Agent's signature required when resigning) DATE 4-29-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>JOBIN, EMILE M</u> <del>274 PLANTATION WAY</del> <u>250 E. MACK</u> <u>SANTA ROSA BEACH FL 32459</u> <u>BAYOU DR.</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: E. M. Jobin Date 4-29-08 Daytime Phone # 858-543-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE