

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010532

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: COASTAL COLOR PAINT SERVICES, LLC.

**Current Principal Place of Business:**

5 WILLARD DRIVE  
650  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

5 WILLARD DRIVE  
650  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 20-0257157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DE JONGE, CRAIG R  
5 WILLARD DRIVE  
650  
ST. AUGUSTINE, FL 32086 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: PRES ( ) Delete  
Name: DE JONGE, CRAIG R  
Address: 5 WILLARD DR. SUITE 650  
City-St-Zip: ST. AUG, FL 32086

Title: ASST ( ) Delete  
Name: DE JONGE, MEGAN L ASST.  
Address: 5 WILLARD DRIVE, SUITE 650  
City-St-Zip: ST. AUGUSTINE, FL 32086

**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 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: CRAIG DE JONGE      PRES      04/29/2009

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