

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000010532

**FILED**  
**Apr 03, 2011**  
**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  
Name: DE JONGE, CRAIG R  
Address: 5 WILLARD DR. SUITE 650  
City-St-Zip: ST. AUG, FL 32086

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

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: CRAIG DE JONGE

PRES

04/03/2011

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