

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2007 8:00 am
Secretary of State

05-14-2007 90369 014 ****50.00

DOCUMENT # L06000032631

1. Entity Name
EAST COAST CUSTOM EMBROIDERY, LLC



Principal Place of Business
**11 PEPPER LANE
PALM COAST, FL 32164**

Mailing Address
**11 PEPPER LANE
PALM COAST, FL 32164**

30011445



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

76-0823839

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCPHERSON, MONA A
11 PEPPER LANE
PALM COAST, FL 32164**

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

[Signature]

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

5-3-07

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MONA A. OWNER
MCPHERSON
11 PEPPER LANE, PALM COAST
32164**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MANAGING MEMBER
CLIFFORD WAYNE MCPHERSON
11 PEPPER LANE
PALM COAST, FL 32164**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 606, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

5-3-7

DATE

246-4040

Telephone Number

MANAGING MEMBER