

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032631

1. Entity Name
EAST COAST CUSTOM EMBROIDERY, LLC



FILED

09 SEP 22 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
11 PEPPER LANE
PALM COAST, FL 32164

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
76-0823839

Applied For
Not Applicable

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
MCPHERSON, MONA A ☐ Delete
STREET ADDRESS
11 PEPPER LANE
CITY-ST-ZIP
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900136272619
09/23/08--01051--003 **543.00

TITLE
NAME
MGRM
MCPHERSON, CLIFFORD W ☐ Delete
STREET ADDRESS
11 PEPPER LN
CITY-ST-ZIP
PALM COAST, FL 32164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #