

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000042844

1. Entity Name
COASTAL CAFE, LLC



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:35

Principal Place of Business
3218 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

Mailing Address
3218 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

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

04302008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-4828277

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, KEITH
3218 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name

MARC BUCK

Street Address (P.O. Box Number is Not Acceptable)

3218 E ATLANTIC BLVD

City

POMPANO BEACH

FL

Zip Code

33062

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.

MARC BUCK

(NOTE: Registered Agent signature required when reinstating)

S-1-08

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SCHAFFER, KEITH
STREET ADDRESS 3218 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME MARC BUCK
STREET ADDRESS 3218 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH, FL 33062 ☒ Change ☐ Addition

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

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

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

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

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

MARC BUCK

S-1-08

Date

786 854-6907

Daytime Phone #