

# W000046300

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000266955 3)))



H060002669553ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 205-0380

**From:**

Account Name : THE FLORIDA COMPANY  
Account Number : I20060000001  
Phone : (608) 827-5300  
Fax Number : (608) 824-0405

RECEIVED

06 NOV -2 PM 1:15

DIVISION OF CORPORATION

## REGISTERED AGENT CHANGE

### COASTAL COMPLIANCE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

06 NOV -2 AM 9:25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H060002669553

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: COASTAL COMPLIANCE SOLUTIONS LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

3033 NE 145TH AVENUE RD. SILVER SPRINGS FL 34488

5/3/2006

L06000046300

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

THE FLORIDA INCORPORATING COMPANY

Name

1203 GOVERNORS SQUARE, STE. 101

Address

TALLAHASSEE, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Business Filings Incorporated

Name

1203 Governors Square, Ste. 101

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*Douglas Garcia*

(Signature of a member or authorized representative of a member)

DOUGLAS GARCIA OWNER

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

*Mark S. Schaff*

(Signature of Registered Agent)

Business Filings Incorporated, Mark S. Schaff, AUP  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

H060002669553

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV -2 AM 9:25