


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000051518</b> 1. Entity Name <b>GULF COAST MACHINE. LLC</b>	
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Principal Place of Business <b>4474 CUTHBERT AVENUE NORTH PORT, FL 34287 US</b>	Mailing Address <b>4474 CUTHBERT AVENUE NORTH PORT, FL 34287 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-4920487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MUSCATO, MICHAEL  
4474 CUTHBERT AVENUE  
NORTH PORT, FL 34287**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000221956  
02/19/08-80046-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MUSCATO, MICHAEL 4474 CUTHBERT AVENUE NORTH PORT, FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR MUSCATO, CONSTANCE W 4474 CUTHBERT AVE NORTH PORT, FL 34287
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IN THIS SPACE**

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: *Cristian Muscato*

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

2-10-08 941-626-0897

Date

Daytime Phone #