

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051518

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: GULF COAST MACHINE. LLC

**Current Principal Place of Business:**

4474 CUTHBERT AVENUE  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

4474 CUTHBERT AVENUE  
NORTH PORT, FL 34287 US

**New Mailing Address:**

FEI Number: 20-4920487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: MUSCATO, MICHAEL  
Address: 4474 CUTHBERT AVENUE  
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGMR ( ) Delete  
Name: MUSCATO, CONSTANCE W  
Address: 4474 CUTHBERT AVE  
City-St-Zip: NORTH PORT, FL 34287 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CONSTANCE W. MUSCATO      MGMR      02/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date