

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070565

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: COAST 2 COAST CONCEPTS, LLC

**Current Principal Place of Business:**

30 TURNER ST. #303  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

334 EAST LAKE RD #196  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 20-5208857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: WISE, SEAN D  
Address: 334 EAST LAKE RD #196  
City-St-Zip: PALM HARBOR, FL 34685

Title: MGMR ( ) Delete  
Name: WISE, JILL  
Address: 334 EAST LAKE RD #196  
City-St-Zip: PALM HARBOR, FL 34685

**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: JILL WISE

MNGR

04/19/2009

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