

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072444

FILED  
Jun 13, 2008  
Secretary of State

Entity Name: COASTLINE MASONRY LLC

**Current Principal Place of Business:**

6701 OAKMONT DRIVE  
N. LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6701 OAKMONT DRIVE  
N. LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 20-5238106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CAMPBELL, GARFIELD  
6701 OAKMONT DRIVE  
N. LAUDERDALE, FL 33068      US

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: MGR      ( ) Delete  
Name: CAMPBELL, GARFIELD  
Address: 6701 OAKMONT DRIVE  
City-St-Zip: N. LAUDERDALE, FL 33068

**ADDITIONS/CHANGES:**

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: GARFIELD CAMPBELL

MGR

06/13/2008

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