

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077433

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** COASTLINE IRRIGATION AND LANDSCAPING LLC

**Current Principal Place of Business:**

3214 DOUGLAS ROAD  
SPRINGFIELD, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

3214 DOUGLAS ROAD  
SPRINGFIELD, FL 32405 US

**New Mailing Address:**

5213 TIFFANY LANE  
PARKER, FL 32404 US

**FEI Number:** 20-5326215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIKES, JOHNNY T  
3214 DOUGLAS ROAD  
SPRINGFIELD, FL 32405 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: MGR ( ) Delete  
Name: SPIKES, JOHNNY T  
Address: 3214 DOUGLAS ROAD  
City-St-Zip: SPRINGFIELD, FL 32405 US

**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:** JOHNNY T SPIKES

OWN

04/30/2009

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