


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90045 045 ****50.00

DOCUMENT # L06000081033	
1. Entity Name COASTLINE STORM SOLUTIONS, LLC	

Principal Place of Business 25150 BERNWOOD DR. STE. 5 BONITA SPRINGS FL 34135 US	Mailing Address 25150 BERNWOOD DR. STE. 5 BONITA SPRINGS FL 34135 US
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2. Principal Place of Business - No P.O. Box # 25150 Bernwood Dr.	3. Mailing Address Same
Suite, Apt. #, etc. Ste. 5	Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/07)

City & State Bonita Springs, FL 34135	City & State	4. FEI Number 20-5392212	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34135	Country U.S.A.	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHIRA, ERIN M 25150 BERNWOOD DR., STE. 5 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Erin Schira **8/21/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #