2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000081626

1. Entity Name
COASTAL HEATING & COOLING, LLC

Principal Place of Business	Mailing Address
611 NORTH 4TH STREET JACKSONVILLE, FL 32250	611 NORTH 4TH STREET JACKSONVILLE, FL 32250

DO NOT WRITE IN THIS SPACE

FILED

2008 FEB 11 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01192008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
75-3222484	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, LAWRENCE F
433 HELMSMAN LANE
ATLANTIC BEACH, FL 32233

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	PD
NAME	TAYLOR, LAWRENCE F
STREET ADDRESS	433 HALMSMAN LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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: _____   1-31-08   904-241-2030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #