

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110613

FILED
Apr 20, 2007
Secretary of State

Entity Name: COAST ELECTRONIC MANUFACTURING, L.L.C.

Current Principal Place of Business:

571 HAVERTY COURT, STE. N
ROCKLEDGE, FL 32955

New Principal Place of Business:

571 HAVERTY COURT
STE. N
ROCKLEDGE, FL 32955

Current Mailing Address:

571 HAVERTY COURT, STE. N
ROCKLEDGE, FL 32955

New Mailing Address:

571 HAVERTY COURT
STE. N
ROCKLEDGE, FL 32955

FEI Number: 20-5972134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNAPP, SHARON
571 HAVERTY COURT, STE. N
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

SNAPP, SHARON
571 HAVERTY COURT
STE. N
ROCKLEDGE, FL 32955 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:

04/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SNAPP, SHARON
Address: 571 HAVERTY COURT, STE. N
City-St-Zip: ROCKLEDGE, FL 32955

Title: P () Delete
Name: SNAPP, SHARON
Address: 571 HAVERTY COURT, STE. N
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: SNAPP, MARSHALL
Address: 571 HAVERTY COURT, STE. N
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: SNAPP, MARSHALL
Address: 571 HAVERTY COURT, STE. N
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: SNAPP, EILEEN
Address: 571 HAVERTY COURT, STE. N
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: SNAPP, EILEEN
Address: 571 HAVERTY COURT, STE. N
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MARSHALL SNAPP

MGRM

04/20/2007

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