

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-04-2007 90038 007 ****50.00
04-20-2007 90027 044 *****5.00

DOCUMENT # L06000112409 1. Entity Name COASTAL REMODELING OF FLAGLER COUNTY, L.L.C.					
Principal Place of Business 30 FAIRMONT LANE PALM COAST FL 32137			Mailing Address 30 FAIRMONT LANE PALM COAST FL 32137		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 11-3795397	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MITCHELL, JEROME D 400 S. PALMETTO AVE. DAYTONA BEACH FL 32114			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM MAURO, JEFFREY G 30 FAIRMONT LANE PALM COAST FL 32137	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR MAURO, DEBRA A 30 FAIRMONT LANE PALM COAST FL 32137	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Jeffrey Mauro</u> JEFFREY MAURO 8-27-07 386-447-7633					