

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000116075 1. Entity Name MID COAST INVESTMENT HOLDINGS, LLC	
---	---

Principal Place of Business 1110 PINELLAS BAYWAY #213 TIERRA VERDE, FL 33715	Mailing Address 1110 PINELLAS BAYWAY #213 TIERRA VERDE, FL 33715
--	--

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5998500	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR 10225 ULLMERTON ROAD STE 2 LARGO, FL 33771
--

**DO NOT WRITE
IN THIS SPACE**

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)

U00000848578
03/20/08-80021-024 138.75

DATE

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

U00000842513
03/21/08-80034-004 150.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS, THOMAS A 1110 PINELLAS BAYWAY #213 TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-08