

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122283

Entity Name: GULF COAST CHARTERS, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

2510-1 ROCKFILL ROAD
FORT MYERS, FL 33916 US

New Principal Place of Business:

16121 LEE ROAD
SUITE# 110
FORT MYERS, FL 33912 US

Current Mailing Address:

2510-1 ROCKFILL ROAD
FORT MYERS, FL 33916 US

New Mailing Address:

16121 LEE ROAD
SUITE# 110
FORT MYERS, FL 33912 US

FEI Number: 20-8227106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ROBERT W
2510-1 ROCKFILL ROAD
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BROWN, ROBERT W
16121 LEE ROAD
SUITE# 110
FORT MYERS, FL 33912 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:

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERTH, KEVIN J
Address: 1684 MCGREGOR RESERVE DRIVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM (X) Delete
Name: BROWN, ROBERT W
Address: 2510-1 ROCKFILL ROAD
City-St-Zip: FORT MYERS, FL 33916 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, ROBERT W
Address: 16121 LEE ROAD, SUITE#110
City-St-Zip: FORT MYERS, FL 33912 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT W BROWN

MGRM

04/06/2009

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