2008 LIMITED LIABILITY COMPANY

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000014904** 04-28-2008 90317 001 ***135 00 04-28-2008 90317 002 *****3.75 COAST TO COAST TREASURES, LLC Principal Place of Business Mailing Address **46**CPUUUU 29125 US 19 NORTH 29125 US 19 NORTH #201 #201 CLEARWATER, FL 33761 CLEARWATER, FL 33761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. atc. Suite, Apt. #, etc. 03072008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 911023749 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANDY, DONALD A Street Address (P.O. Box Number is Not Acceptable) 29125 US 19 NORTH #201 **CLEARWATER, FL 33761** City 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. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Detete TITLE ☐ Change ☐ Addition BANDY, DONALD A NAME NAME 29125 US 19 NORTH, #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP πιε ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DONA O AL BANDY - MANAGING MEMBER 4/23/08

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED PREPRESENTATIVE

Date

Designing Prome # SIGNATURE: