

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90005 026 ***138.75

50008325



07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8536433** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000022364

1. Entity Name
COAST TO COAST SIGNAL ENGINEERING, LLC



Principal Place of Business
**420 ST. JOHN'S GULF DRIVE
ST. AUGUSTINE, FL 32092**

Mailing Address
**420 ST. JOHN'S GULF DRIVE
ST. AUGUSTINE, FL 32092**

2. Principal Place of Business - No P.O. Box #
8375 Dix Ellis Trail

3. Mailing Address
4015 S. 148th Street

Suite, Apt. #, etc.
Suite 409

Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL

City & State
Omaha, NE

Zip
32256

Country
USA

Zip
68137

Country
USA

6. Name and Address of Current Registered Agent

**ROHLOFF, MARK
421 ST. JOHN'S GULF DRIVE
ST. AUGUSTINE, FL 32092**

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROHLOFF, DOUG 4015 SOUTH 148 STREET, STE. 200 OMAHA, NE 68137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Douglas W Rohloff - Manager* **07-08-2008 (402) 894-9358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #