2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90137 005 ***138.75

DOCUMENT # L07000030537

1. Entity Name
COASTAL SANDS LLC

Principal Place of Business
~~304 PONCE DE LEON AVE. SUITE 900~~
~~SAN JUAN PUERTO RICO,~~

Mailing Address
~~304 PONCE DE LEON AVE. SUITE 900~~
SAN JUAN PUERTO RICO,

00013846

04012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 641 OCEAN BLVD	3. Mailing Address P.O. BOX 13345
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State GOLDEN BEACH, FL	City & State San Juan, Puerto Rico
Zip 33160 Country USA	Zip 00908-3345 Country USA

4. FEI Number 20-8684924 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARIA-CRISTINA DEL-VALLE, P.A.
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

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
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN MORALES, ENRIQUE ~~304 PONCE DE LEON AVE. SUITE 900~~ ~~SAN JUAN PUERTO RICO,~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN MORALES, ENRIQUE c/o MARIA-CRISTINA DEL-VALLE P.A. 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4/1/08 (305) 357-1001 x271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MCRISTINA DEL VALLE authorized representative