

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087665

Entity Name: GULF COAST CPR, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

4811 SORRENTO COURT
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

4811 SORRENTO COURT
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 26-0798542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEELEY, MERRI
4811 SORRENTO COURT
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCNEELEY, MERRI
Address: 4811 SORRENTO COURT
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM () Delete
Name: MCNEELEY, THOMAS
Address: 4811 SORRENTO COURT
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM (X) Delete
Name: MCNEELEY, MICHAEL
Address: 3046 S W 27TH PLACE
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

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

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

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: THOMAS MCNEELEY

MGRM

01/07/2009

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