

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104856

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** COASTAL ENTERPRISES OF NW FLORIDA, LLC

**Current Principal Place of Business:**

220 SHELTER COVE RD  
SANTA ROSA BEACH, FL 32549

**New Principal Place of Business:**

**Current Mailing Address:**

220 SHELTER COVE RD  
SANTA ROSA BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 80-0139069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, ROY  
220 SHELTER COVE RD  
SANTA ROSA BEACH, FL 32549 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  
Name: SOMMER, BRIAN J  
Address: 732 EAST MACK BAYOU DR. UNIT 5  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: BAKER, ROY K JR  
Address: 220 SHELTER COVE RD  
City-St-Zip: SANTA ROSA BCH, FL 32459 US

I hereby 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: ROY K BAKER JR

MGRM

01/18/2011

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