

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114539

FILED
Sep 03, 2008
Secretary of State

Entity Name: COASTAL INTERNET CAFE, LLC

Current Principal Place of Business:

12937 DIVISION STREET
LITTLETON, CO 80125

New Principal Place of Business:

Current Mailing Address:

12937 DIVISION STREET
LITTLETON, CO 80125

New Mailing Address:

FEI Number: 74-3242867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPURIO, GARY
230 OSPREY LANE
FLAGLER BEACH, FL 32136 US

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: SAMUEL, JEFFREY M
Address: 12937 DIVISION STREET
City-St-Zip: LITTLETON, CO 80125

Title: MGR () Delete
Name: SAMUEL, WAYNE J
Address: 12937 DIVISION STREET
City-St-Zip: LITTLETON, CO 80125

Title: MGR () Delete
Name: LEFOR, SHEILA J
Address: 12937 DIVISION STREET
City-St-Zip: LITTLETON, CO 80125

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: SHEILA J. LEFOR

MGR

09/03/2008

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