

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121974

**FILED**  
**May 05, 2010**  
**Secretary of State**

**Entity Name:** COASTAL SECURITY SERVICE OF FLORIDA, LLC

**Current Principal Place of Business:**

39 LEHIGH CIRCLE  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

39 LEHIGH CIRCLE  
PENSACOLA, FL 32506 US

**New Mailing Address:**

**FEI Number:** 26-1536294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COPE, RONALD C  
39 LEHIGH CIRCLE  
PENSACOLA, FL 32506 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: BODINE, BRIAN  
Address: P.O. BOX 2906  
City-St-Zip: ORANGE BEACH, AL 36561

Title: MGR  
Name: BODINE, DENNIS  
Address: POST OFFICE BOX 2906  
City-St-Zip: ORANGE BEACH, AL 36561

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: BRIAN BODINE

MGRM

05/05/2010

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