

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90074 031 ***138.75

60008794



02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1625335** Applied For
Not Applicable

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

DOCUMENT # L07000126486

1. Entity Name
COAST FBO, LLC



Principal Place of Business
**240 S. PINEAPPLE AVE.
SARASOTA, FL 34236**

Mailing Address
**240 S. PINEAPPLE AVE.
SARASOTA, FL 34236**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 49948
Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34230-6948

Country

6. Name and Address of Current Registered Agent

**BAND, DAVID S
240 S. PINEAPPLE AVE.
SARASOTA, FL 34236**

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 | MGR BAND, DAVID S 240 S. PINEAPPLE AVE. SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 *David S. Band* **David S. Band, Manager** **2/8/08** **941-366-6660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #