

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007928

FILED  
May 05, 2009  
Secretary of State

Entity Name: COASTAL COUNTERTOPS, LLC

## Current Principal Place of Business:

436 MARTIN ROAD SE STE B  
PALM BAY, FL 32909

## New Principal Place of Business:

## Current Mailing Address:

436 MARTIN ROAD SE STE B  
PALM BAY, FL 32909

## New Mailing Address:

FEI Number: 26-1764158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

HODGE, ROBIN T  
93 BELVEDERE LANE  
PALM COAST, FL 32137      US

## Name and Address of New Registered Agent:

HODGE, MIKE  
93 BELVEDERE LANE  
PALM COAST, FL 32137      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: MIKE HODGE

05/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      (X) Delete  
Name: HODGE, ROBIN T  
Address: 93 BELVEDERE LANE  
City-St-Zip: PALM COAST, FL 32137

Title: MGR      ( ) Delete  
Name: HODGE, MICHAEL L  
Address: 93 BELVEDERE LANE  
City-St-Zip: PALM COAST, FL 32137

Title: MGR      ( ) Delete  
Name: FOUNTAIN, STEPHEN C  
Address: 11693 S BREEZE PLACE  
City-St-Zip: WELLINGTON, FL 33449

Title: MGR      (X) Delete  
Name: FOUNTAIN, ELIZABETH  
Address: 11693 S BREEZE PLACE  
City-St-Zip: WELLINGTON, FL 33449

## 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:

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: MIKE HODGE

MGR

05/05/2009

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