

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023859

FILED
Jan 21, 2009
Secretary of State

Entity Name: FIRST COAST LADIES, L.L.C.

Current Principal Place of Business:

5405 STANFORD ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

1626 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

Current Mailing Address:

5405 STANFORD ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

1626 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

FEI Number: 51-0676218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ASHLEY K
5405 STANFORD ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ENGLISH, ASHLEY A
5405 STANFORD ROAD
JACKSONVILLE, FL 32207 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: ASHLEY A ENGLISH

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANDERSON, ASHLEY K
Address: 5405 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: LONG, ALLISON C
Address: 2011 HWY 17 NORTH #2200H
City-St-Zip: MT PLEASANT, SC 29466

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ENGLISH, ASHLEY A
Address: 5405 STANFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

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: ASHLEY A ENGLISH

MGR

01/21/2009

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