

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025717

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** COASTAL HURRICANE FILM L.L.C.

**Current Principal Place of Business:**

807 THORNTON AVE.  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

807 THORNTON AVE.  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

**FEI Number:** 36-4630151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STALNAKER, RANDY J  
2411 TAMARIND ST.  
PORT CHARLOTTE, FL 33948 US

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

STALNAKER, RANDY J  
807 THORNTON AVE.  
PORT CHARLOTTE, FL 33948 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: RANDY J. STALNAKER

04/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STALNAKER, RANDY J  
Address: 807 THORNTON AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGRM  
Name: STALNAKER, AMY Y  
Address: 807 THORNTON AVE.  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: RANDY J. STALNAKER

MGRM

04/13/2012

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