## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000045286

Entity Name: WESTCOAST TRANSPORTATION LLC

FILED Mar 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

37 PRESQUE ISLE DR

PORT CHARLOTTE, FL 33954 18

**Current Mailing Address: New Mailing Address:** 

37 PRESQUE ISLE DR

PORT CHARLOTTE, FL 33954 18

FEI Number: 32-0249693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GOUREGE, SORELL PAULEMON, FRANCISQUE 37 PRESQÚE ISLE DR 3498 MELISSA COURT

PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33980 US 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: FANCISQUE PAULEMON 03/30/2009

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGR () Delete GOUREGE, SORELL Name: 37 PRESQUE ISLE DR Address:

City-St-Zip: PORT CHALOTTE, FL 33954 18

Title: MGR () Delete GOUREGE, MARIE M Name: Address: 37 PRESQUE ISLE DR

City-St-Zip: PORT CHARLOTTE, FL 33954 18

Title: MGR () Delete PAULEMON, FRANCISQUE Name:

3498 MELISSA CT Address:

City-St-Zip: PORT CHARLOTTE, FL 33980 18

Title: MGR (X) Delete

ST. CLOUD, JEAN R SR Name: Address: 37 PRESQUE ISLE DR

City-St-Zip: PORT CHARLOTTE, FL 33954 18 ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition PAULEMON, FRANCISQUE Name:

Address: 3498 MELISSA COURT

City-St-Zip: PORT CHALOTTE, FL 33980 18

(X) Change ( ) Addition Title: MGR

Name: GOUREGE, SORELL Address: 37 PRESQUE ISLE DR

City-St-Zip: PORT CHARLOTTE, FL 33954 18

Title: MGR (X) Change ( ) Addition ST.CLOUD, JEAN R SR Name:

Address: 37 PRESQUE ISLE DR

City-St-Zip: PORT CHARLOTTE, FL 33954 18

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: FRANCISQUE PAULEMON 03/30/2009