

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065717

FILED
Mar 19, 2009
Secretary of State

Entity Name: SEA COAST TECHNICAL SERVICES LLC

Current Principal Place of Business:

5300 SW GROVE STREET
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

5300 SW GROVE STREET
PALM CITY, FL 34990

New Mailing Address:

PO BOX 608
PALM CITY, FL 34991

FEI Number: 26-3248449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DULMAGE, MICHAEL W
5300 SW GROVE STREET
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

DULMAGE, MICHAEL W P
5300 SW GROVE STREET
PALM CITY, FL 34990 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: MICHAEL W DULMAGE

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DULMAGE, MICHAEL W
Address: 5300 SW GROVE STREET
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete
Name: DULMAGE, VIRGINIA
Address: 5300 SW GROVE STREET
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DULMAGE, MICHAEL W P
Address: 5300 SW GROVE STREET
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Change () Addition
Name: DULMAGE, VIRGINIA ST
Address: 5300 SW GROVE STREET
City-St-Zip: PALM CITY, FL 34990

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: MICHAEL W DULMAGE

MGR

03/19/2009

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