

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066864

Entity Name: COASTAL MOTO LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

1457 NORTH US HIGHWAY 1, STE 22
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

109 CREEK FOREST LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 26-2952887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPILLERS, JASON D
109 CREEK FOREST LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPILLERS, JASON D
Address: 109 CREEK FOREST LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: SPILLERS, BONNIE L
Address: 109 CREEK FOREST LANE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

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: JASON D. SPILLERS

MGRM

03/27/2009

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