

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109256

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** FIRST COAST FINANCIAL ADVISORS, LLC

**Current Principal Place of Business:**

400 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 320843587

**New Principal Place of Business:**

**Current Mailing Address:**

400 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 320843587

**New Mailing Address:**

**FEI Number:** 20-0847252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILES, DOUGLAS F  
400 NORTH PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 320843587 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: P&S  
Name: HELMS, JEFFREY W  
Address: 201 OAK COMMON  
City-St-Zip: ST AUGUSTINE, FL 32095

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: JEFFREY HELMS

P

04/01/2010

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