

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000114361

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** COASTAL CONCIERGE SERVICES, L.L.C.

**Current Principal Place of Business:**

1586 GOLDEN HARVEST LN.  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1586 GOLDEN HARVEST LANE  
NAPLES, FL 34109

**New Mailing Address:**

1586 GOLDEN HARVEST LN.  
NAPLES, FL 34109

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GRANT, CARTER M  
1586 GOLDEN HARVEST LANE  
NAPLES, FL 34109 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: CARTER M GRANT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRANT, CARTER M  
Address: 1586 GOLDEN HARVEST LANE  
City-St-Zip: NAPLES, FL 34109

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: CARTER M GRANT

MGRM

09/28/2010

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