

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000027807

**FILED**  
**Oct 02, 2010**  
**Secretary of State**

**Entity Name:** COASTLINE PLUMBING SERVICES, LLC

**Current Principal Place of Business:**

304 BROADVIEW AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160686  
ALTAMONTE SPRINGS, 32716

**New Mailing Address:**

P.O. BOX 160686  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 26-4508010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PASALICH, MICHAEL D  
304 BROADVIEW AVENUE  
ALTAMONTE SPRINGS, FL 32701 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: MICHAEL PASALICH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PASALICH, MICHAEL D  
Address: 304 BROADVIEW AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: MICHAEL PASALICH

MGRM

10/02/2010

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