

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **L09000068154**



1. Entity Name

AA Gulf Coast Countertops, LLC

11 MAY 12 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

AA Gulf Coast Countertops

3. Mailing Address

4034 N. DAVIS Hwy

Suite, Apt. #, ect.

Suite, Apt. #, ect.

2007 Viscount Row

City & State

Orlando FL

City & State

Pensacola FL

Zip

32809

Country

USA

Zip

32504

Country

USA

4. FEI Number

27-0553521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (1/11)

6.

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7. Name and Address of Current Registered Agent

Name

Lisa Black

Street Address (P.O. Box Number is Not Acceptable)

4034 N. DAVIS Hwy.

City

Pensacola

FL

Zip Code

32503

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lisa Black

DATE

5/10/11

January 1 - May 1, Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

LBlackaa@cox.net

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Lisa Black
STREET ADDRESS	4034 N. DAVIS Hwy.
CITY-ST-ZIP	Pensacola, FL 32503
TITLE	MGR
NAME	Neal Braxton
STREET ADDRESS	4034 N. DAVIS Hwy
CITY-ST-ZIP	Pensacola, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

000207202070
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Lisa Black
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

5/10/11 (850) 432-7895