

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108684

Entity Name: COASTAL SOURCE, LLC

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

11450 OVERSEAS HIGHWAY  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

11450 OVERSEAS HIGHWAY  
MARATHON, FL 33050 US

**New Mailing Address:**

1270 GLEN AVE  
MOORESTOWN, NJ 08057 US

FEI Number: 27-1296421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

D'ASCANIO, FRANCO  
11450 OVERSEAS HIGHWAY  
MARATHON, FL 33050 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  
Name: D'ASCANIO, AMEDEO  
Address: 11240 3RD AVE GULF  
City-St-Zip: MARATHON, FL 33050 US

Title: MGRM  
Name: ZIMMERMANN, BRETT  
Address: 150 KINGS ROAD  
City-St-Zip: WESTAMPTON, NJ 08060

Title: MGRM  
Name: D'ASCANIO, FRANCO  
Address: 11450 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050 US

Title: MGRM  
Name: ZIMMERMANN, HAROLD  
Address: 301 IXORA DRIVE  
City-St-Zip: DUCK KEY, FL 33050 US

Title: MGRM  
Name: ZIMMERMANN, JUDY  
Address: 301 IXORA DRIVE  
City-St-Zip: DUCK KEY, FL 33050 US

Title: MGRM  
Name: ZIMMERMANN, KEITH  
Address: 305 HIGHWAY AVE  
City-St-Zip: RIVERTON, NJ 08077 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: FRANCO D'ASCANIO

MGRM

02/16/2010

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