

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000116548

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** COASTAL EQUIPMENT RENTAL, LLC

**Current Principal Place of Business:**

605 N. COUNTY HWY. 393 #9A  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

605 N. COUNTY HWY. 393 #9A  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 59-3457299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ODEN, BRIAN K  
605 N. COUNTY HWY. 393 #9A  
SANTA ROSA BEACH, FL 32459 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: ODEN, BARRY K  
Address: 313 TEQUESTA DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: MGRM  
Name: ODEN, JOSEPH T  
Address: 276 MANGO LANE  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM  
Name: ODEN, JONATHAN F  
Address: 78 BAYOU BREEZE CT  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM  
Name: ODEN, BRIAN K  
Address: 84 BAYOU BREEZE CT  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: BRIAN K. ODEN

MGRM

03/15/2011

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