

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000116548

FILED
Mar 21, 2012
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: 725 GULF SHORE DR., #502B
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

03/21/2012

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