

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000073447

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** COASTAL EMERGENCY RESTORATION TEAM, LLC

**Current Principal Place of Business:**

743 AIRPORT ROAD SUITE A  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2007  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 27-3025788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMPELLINI, ALAN  
1607 VERMONT AVENUE  
LYNN HAVEN, FL 32444 US

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

TAMPELLINI, JANAY  
1607 VERMONT AVENUE  
LYNN HAVEN, FL 32444 US

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: JANAY TAMPELLINI

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TAMPELLINI, ALAN  
Address: P.O. BOX 2007  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGR  
Name: TAMPELLINI, JANAY  
Address: P.O. BOX 2007  
City-St-Zip: LYNN HAVEN, FL 32444 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: ALAN TAMPELLINI

MGR

04/10/2012

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