

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000093236

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** FIRST COAST VENDING SOLUTIONS LLC

**Current Principal Place of Business:**

1637 RACE TRACE RD  
STE 127B  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

3530 AGRICULTURE CENTER DR  
STE 210  
ST AUGUSTINE, FL 32259

**Current Mailing Address:**

1637 RACE TRACK RD  
STE 127B  
JACKSONVILLE, FL 32259

**New Mailing Address:**

3530 AGRICULTURE CENTER DR  
STE 210  
ST AUGUSTINE, FL 32259

**FEI Number:** 27-3397294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROWLAND, CELESTE R  
1637 RACE TRACK RD  
STE 127B  
JACKSONVILLE, FL 32259 US

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

ROWLAND, CELESTE R  
3530 AGRICULTURE CENTER DR  
STE210  
ST AUGUSTINE, FL 32259 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: CELESTE ROWLAND

03/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROWLAND, CELESTE R  
Address: 3530 AGRICULTURE CENTER DR  
City-St-Zip: ST AUGUSTINE, FL 32259

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: CELESTE ROWLAND

MGRM

03/03/2011

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