

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098943

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** COAST TO COAST REAL ESTATE CONSULTANTS LLC

**Current Principal Place of Business:**

2472 SE ELSON STREET  
PORT SAINT LUCIE, 34952 US

**New Principal Place of Business:**

2472 SE ELSON STREET  
PORT SAINT LUCIE, FL 34952 US

**Current Mailing Address:**

2472 SE ELSON STREET  
PORT SAINT LUCIE, 34952 US

**New Mailing Address:**

2472 SE ELSON STREET  
PORT SAINT LUCIE, FL 34952 US

**FEI Number:** 27-3512781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARONOFF, DEREK M  
27 SE OCEAN BLVD,  
STUART, FL 34994 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:** SHILD, HOWARD  
**Address:** 106 MACGREGOR DRIVE  
**City-St-Zip:** MAHOPAC, NY 10541 US

**Title:** MGRM  
**Name:** SHILD, BONNIE  
**Address:** 2472 SE ELSTON STRRET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952 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:** BONNIE SHILD

MGM

04/17/2011

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