

W11000022495

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(City/State/Zip/Phone #)

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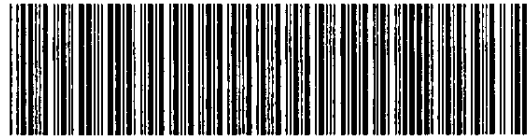
Special Instructions to Filing Officer:

W11-7402  
A. LUNT

FEB 22 2010

EXAMINER

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02/03/11--01018--023 \*\*16(1.00)

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2011 FEB 21 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2011

BRYANT L COLLIER & KATHLEEN M COLLIER  
P.O. BOX 19317  
SARASOTA, FL 34276

SUBJECT: COAST TO COAST TRANSPORT LLC  
Ref. Number: W11000007402

We have received your document for COAST TO COAST TRANSPORT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 411A00003208

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COAST TO COAST TRANSPORT LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BRYANT L COLLIER**

Name of Person

Firm/Company

**P.O. BOX 19317**

Address

**SARASOTA, FLORIDA 34276**

City/State and Zip Code

**BKSBL@VERIZON.NET**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BRYANT L COLLIER**

Name of Person

at ( **941** ) **922-6116**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**COAST TO COAST TRANSPORT LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4242 PASADENA CIRCLE  
SARASOTA, FLORIDA 34233

**Mailing Address:**

P.O. BOX 19317  
SARASOTA, FLORIDA 34276

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**BRYANT L COLLIER**

Name

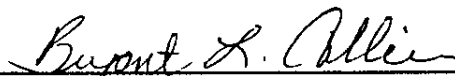
**4242 PASADENA CIRCLE**

Florida street address (P.O. Box **NOT** acceptable)

**SARASOTA FL 34233**

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

BRYANT L COLLIER  
4242 PASADENA CIRCLE  
SARASOTA, FLORIDA 34233

MGRM

KATHLEEN M COLLIER  
4242 PASADENA CIRCLE  
SARASOTA, FLORIDA 34233

\_\_\_\_\_

\_\_\_\_\_

2011 FEB 21 PM 3:10  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**BRYANT L COLLIER**

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**