

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047535

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** FORGOTTEN COAST MACHINE WORKS "LLC"

**Current Principal Place of Business:**

89 CORBETT LANE  
CRAWFORDVILLE, FL 32327 US

**New Principal Place of Business:**

**Current Mailing Address:**

89 CORBETT LANE  
CRAWFORDVILLE, FL 32327 US

**New Mailing Address:**

**FEI Number:** 27-4856526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLADE, JAMES (TOM) T III  
89 CORBETT LANE  
CRAWFORDVILLE, FL, FL 32327 US

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

SLADE, JAMES (TOM) T III  
89 CORBETT LANE  
CRAWFORDVILLE, FL 32327 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:

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: SLADE, JAMES T III  
Address: 89 CORBETT LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327 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: JAMES T SLADE III

MR

04/05/2012

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