

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90090 002 \*\*\*\*50.00

DOCUMENT # L98000002124



1. Entity Name

COASTAL TRAILER & HITCH, L.C.

Principal Place of Business

2551 COASTAL HIGHWAY  
MEDART FL 32327

Mailing Address

2551 COASTAL HIGHWAY  
MEDART FL 32327

2. Principal Place of Business

2551 Coastal Hwy

3. Mailing Address

2551 Coastal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Medart Florida

City & State

Medart Florida

4. FEI Number

59-3547502

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

32327

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYS, DANIEL M  
2551 COASTAL HIGHWAY  
MEDART FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

*Daniel M Hays*

DANIEL M HAYS

8-1-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete  
NAME: HAYS, DANIEL M  
STREET ADDRESS: 2551 COASTAL HIGHWAY  
CITY-ST-ZIP: MEDART FL 32327

TITLE: MGRM ☐ Delete  
NAME: HOLMES, REX  
STREET ADDRESS: 2551 COASTAL HIGHWAY  
CITY-ST-ZIP: MEDART FL 32327

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Rex A Holmes*

Rex A Holmes

8/1/06

850-

984-0728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone