

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000002641**

1. Entity Name

EASTERN COASTAL, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

25 OLD MISSION AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

4. FEI Number

59-3560242

Applied For

Not Applicable

Zip **32084**

Country **USA**

Zip

Country

5. Certificate of Status Desired ☐

\$5.00

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL HEFFERON
25 OLD MISSION AVE
ST. AUGUSTINE, FL 32084

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.

SIGNATURE

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

<p>TITLE DIRECTOR MGRM <input type="checkbox"/> Delete</p> <p>NAME MICHAEL HEFFERON MGRM</p> <p>STREET ADDRESS 25 OLD MISSION AVE.</p> <p>CITY-ST-ZIP ST AUGUSTINE, FL 32084</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael Hefferon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/19/00 (904)808-9977

Date

Daytime Phone #

CR2E083 (1/99)