	MENT # L99000	005935			ه استنسار . دود	•		
1. Entity Name INTERCOASTAL TRADING COMPANY LLC					FILED			
IIVICIIC					01 SEP -7 PM	12: 17		
Principal Place of Business 12805 TITINA WAY TAMPA FL 33625		Mailing Address 12805 Titina way Tampa FL 33625		Ţ	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	ACE	
City & State	te	City & State		4. FEIN	10mber 59-359877	4		plied For t Applicabl
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired		.00 Add e Required	
	6. Name and Address of Current	Registered Agent	Name	7. Nam	e and Address of New Re	gistered Age	ent	
	RNETT, SCOTT F			Name Street Address (P.O. Box Number is Not Acceptable)				
	4 EAST DAVIS BLVD. MPA FL 33606				,			
	*		City			FL	Zip Code	e
. The above	named entity submits this statement for	r the purpose of changing it	s registered office o	r registered agent,	or both, in the State of Flori	da.		
GNATURE								
SIGNATURE .	Signature, typed or printed name of registered agent a	[TE: Registered Agent signal		ing)	DATE		
SIGNATURE _	Signature, typed or printed name of registered agent a	FILE N Make Check P	TE: Registered Agent signal IOW!!! FEE IS \$ ayable to Depart y September 26,	50.00 ment of State	ing)	DATE		·
SIGNATURE .	MANAGING MEMBEI	FILE N Make Check P Due B	IOW!!! FEE IS \$	550.00 ment of State 2001	ang) ADDITIONS/C			
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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 informatio 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.

GNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER OF AUTHORITE REPRESENTATIVE.