

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008789

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** COASTAL BODY WORKS, L.C.

**Current Principal Place of Business:**

1411 W. GOVERNMENT STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

1411 W. GOVERNMENT STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 59-3615469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VAN MATRE, THOMAS G JR.  
4300 BAYOU BOULEVARD, SUITE 16  
PENSACOLA, FL FL32503 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WILLIAM TRAVIS BOYD  
**Address:** 4918 VIZCAYA DRIVE  
**City-St-Zip:** PENSACOLA, FL 32507

**Title:** MGRM  
**Name:** BOYD, RICHARD E  
**Address:** 5421 GRANDE LAGOON BOULEVARD  
**City-St-Zip:** PENSACOLA, FL 32507

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:** WILLIAM BOYD

MGMR

01/13/2012

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