

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003483

FILED
Jun 30, 2005
Secretary of State

Entity Name: COAST TO COAST SITE SERVICES, LLC

Current Principal Place of Business:

2803 N. OAKLAND FOREST DRIVE,
SUITE 304
OAKLAND PARK, FL 33309

New Principal Place of Business:

1487 SW 18 AVE.
FORT LAUDERDALE, FL 33312

Current Mailing Address:

2803 N. OAKLAND FOREST DRIVE,
SUITE 304
OAKLAND PARK, FL 33309

New Mailing Address:

1487 SW 18 AVE.
FORT LAUDERDALE, FL 33312

FEI Number: 80-0073922 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COCKRELL, RYAN L
2803 N. OAKLAND FOREST DRIVE
304
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

COCKRELL, RYAN L
1487 SW 18 AVE.
FORT LAUDERDALE, FL 33312 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: RYAN COCKRELL

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COCKRELL, RYAN
Address: 133 S. EMERSON STREET
City-St-Zip: DENVER, CO 80209

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COCKRELL, RYAN
Address: 1487 SW 18 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RYAN COCKRELL

MGRM

06/30/2005

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