

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000042811

**Entity Name:** GULF COAST DESIGN AND RESTORATION, LLC

**Current Principal Place of Business:**

1357 ADMIRAL WILSON LANE  
CLEARWATER, FL 33755

**Current Mailing Address:**

1357 ADMIRAL WILSON LANE  
CLEARWATER, FL 33755 US

**FEI Number: 81-4020481**

**Certificate of Status Desired: No**

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

JAFFE, SHELLEY  
1357 ADMIRAL WILSON LANE  
CLEARWATER, FL 33755 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JAFFE, SHELLEY  
Address 1357 ADMIRAL WILSON LANE  
City-State-Zip: CLEARWATER FL 33755

Title MGR  
Name JAFFE, LAWRENCE G  
Address 1357 ADMIRAL WILSON LANE  
City-State-Zip: CLEARWATER FL 33755

Title MGR  
Name FORSYTH, JAMES  
Address 1425 PINE ST  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name FORSYTH, SHAREN  
Address 1425 PINE ST  
City-State-Zip: CLEARWATER FL 33756

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHAREN FORSYTH**

**MGR**

**04/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date