I hereby certify that the information indicated on this report or supplemental report is true and accurrent oath; that I am a managing member or manager of the limited liability company or the receiver or the true and accurrent to the true			
that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE [,] ROBERT TAIT	OWNER	04/07/2021	

City-State-Zip: CLEARWATER FL 33761 City-State-Zip: ODESSA FL 33556

Αι

SIGNATURE: ROBERT J TAIT

Authorized Person(s) Detail :			
Title	OWNER SALES	Title	OWNER SALES
Name	TAIT, ROBERT J	Name	NARUM, KENNETH
Address	12485 HITCHING ST	Address	2741 NORTHRIDGE DR EAST
		0.1 0. 1 7.	

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.

HOLIDAY, FL 34690 US

Current Mailing Address: 4631 PANORAMA AVE

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FEI Number: 81-3814726

4631 PANORAMA AVE HOLIDAY, FL 34690

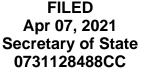
TAIT, ROBERT J

4631 PANORAMA AVE HOLIDAY, FL 34690 US

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000152161 Entity Name: COAST TO COAST SUPPLY SOLUTIONS LLC

SIGNATURE: ROBERT TAIT

Electronic Signature of Signing Authorized Person(s) Detail



04/07/2021 Date

Certificate of Status Desired: No

Date