

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000152161

**Entity Name:** COAST TO COAST SUPPLY SOLUTIONS LLC

**Current Principal Place of Business:**

4631 PANORAMA AVE  
HOLIDAY, FL 34690

**Current Mailing Address:**

4631 PANORAMA AVE  
HOLIDAY, FL 34690 US

**FEI Number:** 81-3814726

**Certificate of Status Desired:** Yes

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

WOLSTENCROFT, MARTIN G  
4631 PANORAMA AVE  
HOLIDAY, FL 34690 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 WOLSTENCROFT, MARTIN G  
Address 4401 ENDICOTT PLACE  
City-State-Zip: TAMPA FL 33624

*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:** MARTIN G WOLSTENCROFT SR

MANAGING MEMBER

04/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date