

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000110672

**FILED**  
**Oct 29, 2007**  
**Secretary of State**

**Entity Name:** COCONUT CUP, LLC

**Current Principal Place of Business:**

901 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 20-5883723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARNEY LEGAL GROUP, P.A.  
901 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 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:** PETER H. CARNEY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MULLIN, MICHAEL M III  
**Address:** 901 GEORGE BUSH BLVD.  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

**Title:** MGRM ( ) Delete  
**Name:** REID, KRISTYN E  
**Address:** 4475 N. OCEAN B LVD., APT. 109  
**City-St-Zip:** DELRAY BEACH, FL 33483 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** MICHAEL MULLIN III

MGMR

10/29/2007

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