404 PENGIN	ling Address: I DR BEACH, FL 32937 US			
FEI Number: 56-2599807			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
FLAVIN NOON	EY & PERSON			
2200 S. BABCO MELBOURNE, The above named	FL 32901 US d entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of Flor	
2200 S. BABCO MELBOURNE, The above named	FL 32901 US d entity submits this statement for the purpose of changing i E: THOMAS P. FLAVIN	ts registered office or regis	tered agent, or both, in the State of Flor	^{ida.} 02/02/2024 Date
2200 S. BABCC MELBOURNE, The above named SIGNATURE	FL 32901 US d entity submits this statement for the purpose of changing i E: THOMAS P. FLAVIN Electronic Signature of Registered Agent	ts registered office or regis	tered agent, or both, in the State of Flor	02/02/2024
2200 S. BABCC MELBOURNE, The above named SIGNATURE	FL 32901 US d entity submits this statement for the purpose of changing i E: THOMAS P. FLAVIN	ts registered office or regis	tered agent, or both, in the State of Flor	02/02/2024
2200 S. BABCC MELBOURNE, The above named SIGNATURE Authorized	FL 32901 US d entity submits this statement for the purpose of changing i E: THOMAS P. FLAVIN Electronic Signature of Registered Agent Person(s) Detail :			02/02/2024 Date
2200 S. BABCC MELBOURNE, The above named SIGNATURE Authorized Title	FL 32901 US d entity submits this statement for the purpose of changing i E: THOMAS P. FLAVIN Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	REGISTERED AGENT	02/02/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055874

Current Principal Place of Business:

Entity Name: COIL LLC

SATELLITE BEACH, FL 32937

404 PENGUIN DR

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: KIRK BRASINGTON

OWNER

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date