, 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000021740

1. Entity Name CHARLIE'S COCONUTS, LLC



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

528 CARIBBEAN DR P.O. BOX 2648 KEY LARGO, FL 33037 16622 TRADER'S CROSSING, SUITE 202 JUPITER, FL 33477

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 04152004 No Chg-LLC
 CR2E083 (10/03)

 4. FEI Number
 Applied For Not Applicable

 56-2291345
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146

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	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATU	JRE	(NOTE Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2004		1/00000134932 04/28/04-80040-001 50.00
9.	MANAGING MEMBERS/MANAGERS		

MOUNTAIN, CHARLES T NAME STREET ADDRESS 16622 TRADERS XING N #202 CITY-ST-ZIP JUPITER, FL 33477 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

C. I. Httml

4/22/21

541741-1125

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davitne Pho