

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90064 037 ***138.75

DOCUMENT # L03000003794

1. Entity Name
COCONUT SHORES LIMITED LIABILITY CO.



Principal Place of Business
8001 VINTAGE PARKWAY
FORT MYERS, FL 33912

Mailing Address
P.O. BOX 548
ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
16-1651873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOLIHAN, THOMAS P
8001 VINTAGE PARKWAY
FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCONUT SHORES DEVELOPMENT, INC. 8001 VINTAGE PARKWAY FORT MYERS, FL 33912
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date _____

Daytime Phone # _____