


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 042 ***138.75

DOCUMENT # L04000029301			
1. Entity Name CORAL CAPITAL, L.L.C.			
Principal Place of Business 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069 US		Mailing Address 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069 US	
2. Principal Place of Business - No P.O. Box # 6462 NW 63RD WAY Suite, Apt. #, etc.		3. Mailing Address 6462 NW 63RD WAY Suite, Apt. #, etc.	
City & State PARKLAND FL		City & State PARKLAND FL	
Zip 33067-1516	Country US	Zip 33067-1516	Country US
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A ESQ C/O FRANK WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESIMONE, MICHAEL 1660 NW 19TH AVENUE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6462 NW 63RD WAY PARKLAND FL 33067-1516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESIMONE, ANTHONY 1660 NW-19TH AVENUE POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6462 NW 63RD WAY PARKLAND FL 33067-1516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 4-29-08 954 6093845 Daytime Phone #	

60037183



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1031321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required