105000061347

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2009 MAY 29 AM 10: 32 SECRETARY OF STATE AND AHASSEE. FLORIDA

T. CLINE

JUN - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	Golden Coqui, LLC f Limited Liability Company
name of	1 Linned Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Demails D. Demai	
Pamela R. Perez Name of Person	
Name of 1 cront	2009 MAY 29 AM 10: 32 SEGRETARY OF STATE TALLAHASSEE, FLORIDA
	LA SER
Golden Coqui, LLC	
Firm/Company	SSI SSI
	EE, O
701 Bluff View Drive	FL
Address	AMIO: 32 OF STATE FLORID
	DE N
Belleair Bluffs, FL 33770	0
City/State and Zip Code	<u> </u>
ong/orate and sup evide	
nrnaraz?@aarthlink nat	+
prperez2@earthlink.net E-mail address: (to be used for future annual report	rt notification)
For further information concerning this ma	atter, please call:
Pamela R. Perez	at (727) 5358512
Name of Person	Area Code & Daytime Telephone Number
CTDEET/COUDIED ADDRESS.	MAILING ADDRESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

-		
1. Name of the limited liability company:	Golden Coqui, LLC	
2. (a) Principal office address of limited liability company	701 Bluff View Drive	
(Note: MUST BE STREET ADDRESS)	Belleair Bluffs, FL 33770	
(b) Mailing address of limited liability company:	701 Bluff View Drive	
(Note: MAY BE POST OFFICE BOX)	Belleair Bluffs, FL 33770	
05-24-2009	L05000061347	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	AGENTS AND CORPORATIONS, ING.	
Registered Office Address:	300 FIFTH AVENUE SOUTH	
	Naples, FL 5	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u>	W Registered Office address:	
NEW Registered Agent:	PR Perez	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 Bluff View Drive	
(MOST BE PLOKIDA STREET ADDRESS)	Belleair Bluffs, FL 33770 ,FL 33770	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle to the process of the company particle to the address. Thereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00