

LD6000057194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

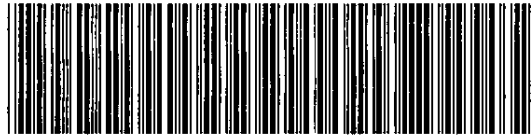
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAROLD S. ESKIN, P.A.
ATTORNEYS AND COUNSELORS AT LAW
CERTIFIED CIVIL AND FAMILY LAW MEDIATOR
www.legalsurrogacy.com haleskin@legalsurrogacy.com

1420 SE 47th Street
Cape Coral, FL 33904

239-549-5551 Office
239-549-4834 Fax

October 1, 2009

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

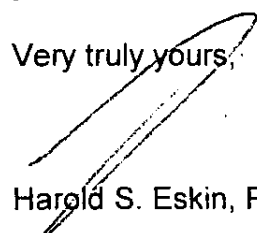
Re: Coco Enterprises, LLC
Team Sea Crazy, LLC

Dear Sir or Madam:

Enclosed please find two Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for COCO ENTERPRISES, LLC and TEAM SEA CRAZY, LLC. Also enclosed is our check in the amount of \$50.00 for filing fees.

Please contact this office if you have any questions or need more information. Thank you.

Very truly yours,



Harold S. Eskin, P.A.

Enc.

**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: COCO Enterprises, LLC
2. (a) Principal office address of limited liability company: 126 SW 52ND STREET, CAPE CORAL, FL 33914
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SAME

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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:

Craig R. Hersch

Registered Office Address:

9100 College Pointe Ct.
Ft. Meyers, FL 33919

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Harold S. Eskin

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1420 SE 47th St.

Cape Coral, FL 33904

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

David A. MacKinnon
(Signature of a member or authorized representative of a member)

David A. MacKinnon
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

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