

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-10-2008 90333 030 ***138.75

DOCUMENT # L07000006549			
1. Entity Name KOKOPALI, LTD. CO			
Principal Place of Business 1626 E. MAXWELL ST. PENSACOLA, FL 32503		Mailing Address 1626 E. MAXWELL ST. PENSACOLA, FL 32503	
2. Principal Place of Business - No P.O. Box # 1626 E Maxwell St		3. Mailing Address 1626 E Maxwell St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32503	Country USA	Zip 32503	Country USA
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREENE, BETH A 1626 E. MAXWELL ST. PENSACOLA, FL 32503		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 <i>Beth Greene</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4/2/08</i> (NOTE: Registered Agent signature required when resigning)	
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 OWNER - Manager Beth Greene 1626 E Maxwell St Pensacola, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP OWNER - Manager SANDRA Graham 11801 S Maplewood Ave Chicago, IL 60655	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <i>Beth A Greene</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE <i>2/25/08</i> 850-485-2822 Date Daytime Phone #	