


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000038878

1. Entity Name
COATAL PROPERTY MANAGEMENT, SERVICE AND REPAIRS LLC



Principal Place of Business
413 COLORADO DR
MEXICO BEACH, FL 32456

Mailing Address
P.O. BOX 1117
PORT ST. JOE, FL 32457

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

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
ROBERTSON, HINES M
413 COLORADO DR
MEXICO BEACH, FL 32456

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
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 January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
10. ADDITIONS/CHANGES
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
REINSTATEMENT
2008

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
Daytime Phone #