

L07000104923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

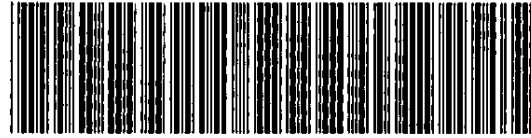
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800185378138

09/16/10--01019--003 **25.00

FILED

10 SEP 16 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COY ENTERPRISES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Coy, M.D.

Name of Person

Coy Enterprises, LLC

Firm/Company

3801 Biscayne Blvd, Suite 300

Address

Miami, FL 33137

City/State and Zip Code

YCKC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Coy, M.D.

Name of Person

at (305)

571-0620

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
10 SEP 16 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Coy Enterprises, LLC

2. (a) Principal office address of limited liability company: _____

☐ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**)

10/16/2007

L07000104923

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: HAROLD E. KAPLAN, ESQ.

Registered Office Address: 1515 UNIVERSITY DRIVE
SUITE 203
CORAL SPRINGS, FL 33071

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

NEW Registered Agent: _____

NEW Registered Office Address: 1515 UNIVERSITY DRIVE
(MUST BE FLORIDA STREET ADDRESS) SUITE 201
CORAL SPRINGS, FL 33071

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.

Signature of a member or authorized representative of a member

KEVIN COY, M.D.

Printed or typed name of signee

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 of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00