

LO8000104878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

LO8-104878

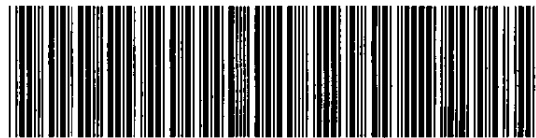
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COCONUT CAB TAXI, 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:

JOE PRIGUN

Name of Person

COCONUT CAB TAXI, LLC

Firm/Company

PO BOX 6133

Address

FORT MYERS BEACH FL 33932

City/State and Zip Code

JP@COCONUTCAB.COM

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

For further information concerning this matter, please call:

JOE PRIGUN

Name of Person

at ( 239 )

765-6666

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2009

JOE PRIGUN  
PO BOX 6133  
FORT MYERS BEACH, FL 33932

SUBJECT: COCONUT CAB TAXI, LLC  
Ref. Number: L08000104878

We have received your document for COCONUT CAB TAXI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 109A00024970

**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: COCONUT CAB TAXI, LLC

2. (a) Principal office address of limited liability company: 8401 ESTERO BLVD

☒ (Note: **MUST BE STREET ADDRESS**) 504  
FORT MYERS BEACH, FL 33931

(b) Mailing address of limited liability company: PO BOX 6133

☐ (Note: **MAY BE POST OFFICE BOX**) FORT MYERS BEACH, FL 33932

11/11/2008  
3. Date of filing/registration in Florida

L08000104878  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: JOE PRIGUN

Registered Office Address: 8401 ESTERO BLVD  
504  
FORT MYERS BEACH, FL 33931

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

NEW Registered Agent:

NEW Registered Office Address: 201 PRIMO DR  
(MUST BE FLORIDA STREET ADDRESS) FORT MYERS BEACH, FL 33931

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.

Joe Prigun  
Signature of a member or authorized representative of a member

JOE PRIGUN  
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.*

Joe Prigun  
Signature of Registered Agent

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