

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000026671

Entity Name: COQUELICOT RE LLC

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12 CRANE RD  
STAMFORD, CT 06902

**New Principal Place of Business:**

247 W 87TH STREET  
#3B  
NEW YORK, NY 10024

**Current Mailing Address:**

12 CRANE RD  
STAMFORD, CT 06902

**New Mailing Address:**

247 W 87TH STREET  
#3B  
NEW YORK, NY 10024

FEI Number: 27-5342956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUPPERT, JOSEPH H  
17611 SW 48 STREET  
SOUTHWEST RANCHES, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLOOM, LLOYD  
Address: 247 W 87TH STREET #3B  
City-St-Zip: NEW YORK, NY 10024

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LLOYD BLOOM

MR

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date