

L130000 79899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATION

C. LEWIS

AUG 15 2014

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

WILLIAM HOEVER / COASTAL CUISINE AND CATERING LLC  
27265 JOLLY ROGER LANE  
BONITA SPRINGS, FL 34135 US

SUBJECT: COASTAL CUISINE AND CATERING LLC  
Ref. Number: L13000079899

We have received your document for COASTAL CUISINE AND CATERING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 414A00016565

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Cruise and Catering 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:

William Hoever  
Name of Person

Coastal Cruise and Catering LLC  
Firm/Company

27265 Jolly Roger Lane  
Address

Bonita Springs FL 34135  
City/State and Zip Code

Whoever9590 @ AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hoever at (289) 405 2620  
Name of Person 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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Coastal Cuisine and Catering LLC

2. (a) William Hoever (b) Same

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

27265 Solly Roger Lane  
Bonita Springs FL 34135

Same

June 10, 2013

LT3000079899  
46-2918554

3. Date of filing/registration in Florida

4. Document number

5. (a) Legaline Corporate Services Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

841 Prudential Drive Floor 12  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32207

(b) William Hoever

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

27265 Solly Roger Lane  
**NEW Registered Office Address:**

Bonita Springs FL 34135

\_\_\_\_\_, FL \_\_\_\_\_

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.

William Hoever  
Signature of a member or authorized representative of a member

William C Hoever  
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 605, 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.

William Hoever  
Signature of Registered Agent

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

FILING FEE: \$25.00

14 AUG -6 PM 1:39  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA