

L14000145471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV -3 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CoastLife Services, 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:

CRAL HERLAN

Name of Person

CoastLife Services, LLC

Firm/Company

1021 SW 32nd St

Address

Palm City FL 34990

City/State and Zip Code

info@CoastLifePools.com

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

For further information concerning this matter, please call:

CRAL HERLAN

Name of Person

at ( 772 ) 266-4355

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

October 7, 2015

CRAIG HERLAN  
COASTLIFE SERVICES, LLC  
1021 SW 32ND STREET  
PALM CITY, FL 34990

SUBJECT: COASTLIFE SERVICES, LLC  
Ref. Number: L14000145471

We have received your document for COASTLIFE SERVICES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 315A00021233



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2015

CRAIG HERLAN  
COASTLIFE SERVICES, LLC  
1021 SW 32ND STREET  
PALM CITY, FL 34990

SUBJECT: COASTLIFE SERVICES, LLC  
Ref. Number: L14000145471

We have received your document for COASTLIFE SERVICES, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 015A00022197

**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: CoastLife Services, LLC

2. (a) 1021 SW 32nd St (b) 1021 SW 32nd St

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Palm City FL 34990

Palm City FL 34990

3. 9/17/2014 Date of filing/registration in Florida 4. L14000145471 Document number

5. (a) United States Corporation Agents, Inc.

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

17302 Winding Oak Ct A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa Bay, FL 33612

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

~~1021 SW 32nd St~~ 1021 SW 32nd St  
**NEW Registered Office Address:**

Palm City, FL 34990

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]  
Signature of a member or authorized representative of a member

CRAB HERLAN  
Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent

FILED  
15 NOV - 2 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA