

Division of Corporations

<https://efile.sumbiz.org/scripts/efilecovr.exe>

M1500006643

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000116926 3)))



H160001169263ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6183

From: Account Name : GREGORY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gn@attorneymiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COASTER BOAT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 11 P 3: 16

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

File date: 5/11/2016

2016 MAY 19 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2016

BRUCE

5/11/2016 12:31 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTER BOAT, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexis Koratich

Name of Person

Geoffrey M. Wayne, P.A.

Firm/Company

135 San Lorenzo Ave., PH 840

Address

Coral Gables, FL 33146

City/State and Zip Code

gn@abogadomiami.com

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

For further information concerning this matter, please call:

Alexis Koratich

Name of Person

at (305) 381-8108

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2B055 (9/15)

FILED
2016 MAY 11 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: COASTER BOAT, LLC

Enter new principal office address, if applicable: 135 San Lorenzo Ave., PH 840

(Principal office address

MUST BE A STREET ADDRESS)

Coral Gables, FL 33146

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

135 San Lorenzo Ave., PH 840

Coral Gables, FL 33146

2. The Florida document number of this limited liability company is: M15000006643

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/21/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Geoffrey M. Wayne, P.A.

New Registered Office Address: 135 San Lorenzo Ave., PH 840

Enter Florida Street Address

Coral Gables

City

Florida 33146

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Geoffrey M. Wayne
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	LAIRET, SALVADOR	528 LAKEVIEW CT.	<input type="checkbox"/> Add
		MIAMI, FL 33140	<input checked="" type="checkbox"/> Remove
MGR	LAIRET, SALVADOR	528 LAKEVIEW CT.	<input type="checkbox"/> Add
		MIAMI, FL 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Geoffrey M. Wayne
Signature of the authorized representative

Geoffrey M. Wayne - Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00