

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000158490

**Entity Name:** COCONUT BARREL LLC

**Current Principal Place of Business:**

3175 US HWY 1 SOUTH  
#3  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

119 N TWIN MAPLE RD.  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 82-1351934

**Certificate of Status Desired:** No

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

SMITH, STEVEN C  
119 N TWIN MAPLE RD  
SAINT AUGUSTINE, FL 32084 US

*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

**Authorized Person(s) Detail :**

Title            AP  
Name            SMITH, KORIANNE M  
Address        119 N TWIN MAPLE RD.  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title            AP  
Name            SMITH, STEVEN C  
Address        119 N TWIN MAPLE RD.  
City-State-Zip: SAINT AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN SMITH

**PRESIDENT**

**03/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date