# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000233918

Entity Name: COCONUT POINTE RESTAURANT EQUIPMENT AND HOODS

LLC

## **Current Principal Place of Business:**

4805 HAYRIDE CT TAMPA, FL 33624

# **Current Mailing Address:**

4805 HAYRIDE CT TAMPA, FL 33624

FEI Number: 81-4845629 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BURKE, DAVID C 4805 HAYRIDE CT TAMPA, FL 33624 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

**FILED** Mar 02, 2018

**Secretary of State** 

CC2833801661

### Authorized Person(s) Detail:

CEO

Name BURKE, DAVID C Address 4805 HAYRIDE CT City-State-Zip: TAMPA FL 33624

SIGNATURE: DAVID BURKE

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.