

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118248

Entity Name: COASTAL CARE STAFFING, LLC

Current Principal Place of Business:

5237 SUMMERLIN COMMONS BLVD
STE 329
FORT MYERS, FL 33907

Current Mailing Address:

340 TAMIAMI TRAIL S
NOKOMIS, FL 34275 US

FEI Number: 20-8055587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETTOGRASSO, VICTORIA
340 TAMIAMI TRAIL S
NOKOMIS, FL 34275 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 PRESIDENT
Name PETTOGRASSO, VICTORIA
Address 340 TAMIAMI TRAIL S
City-State-Zip: NOKOMIS FL 34275

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: VICTORIA PETTOGRASSO

PESIDENT

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date