

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106317

**Entity Name:** COASTAL INSURANCE INSPECTIONS L.L.C.

**Current Principal Place of Business:**

1602 E YONGE ST  
PENSACOLA, FL 32503

**Current Mailing Address:**

1602 E YONGE ST  
PENSACOLA, FL 32503

**FEI Number:** 81-4935739

**Certificate of Status Desired:** No

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

CHRISTINA POWERS TAX  
3700 CREIGHTON RD  
SUITE 10  
PENSACOLA, FL 32504 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:** CHRISTINA POWERS

04/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LARRIEU, CHRIS J  
Address 1602 E YONGE ST  
City-State-Zip: PENSACOLA FL 32503

*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:** LARRIEU , CHRIS J

M

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date