# DOCUMENT# L16000205019

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: COASTAL INSURANCE AGENCY SOLUTIONS LLC

# **Current Principal Place of Business:**

110 WASHINGTON AVE SUITE 2621 MIAMI BEACH, FL 33139

### **Current Mailing Address:**

110 WASHINGTON AVE SUITE 2621 MIAMI BEACH, FL 33139 UN

#### FEI Number: 81-4673818

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

PAGOUMIAN, JOHN G 110 WASHINGTON AVE SUITE 2621 MIAMI BEACH, FL 33139 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

## Authorized Person(s) Detail :

Title	CEO	Title	CEO
Name	PAGOUMIAN, JOHN	Name	PAGOUMIAN, JOHN
Address	110 WASHINGTON AVE	Address	110 WASHINGTON AVE
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
Title	CEO	Title	CEO
Name	PAGOUMIAN, JOHN	Name	PAGOUMIAN, JOHN
Address	110 WASHINGTON AVE	Address	110 WASHINGTON AVE
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139
Title	CEO	Title	CEO
Name	PAGOUMIAN, JOHN	Name	PAGOUMIAN, JOHN
Address	110 WASHINGTON AVE	Address	110 WASHINGTON AVE
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

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.

CEO

#### SIGNATURE: JOHN PAGOUMIAN

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

01/11/2017

Date