

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000185039

**Entity Name:** COASTAL TREATMENT CENTER, NOKOMIS LLC

**Current Principal Place of Business:**

119 N. TAMIAMI TRAIL  
NOKOMIS, FL 34275

**Current Mailing Address:**

28059 US-19 N  
SUITE 205  
CLEARWATER, FL 33761 US

**FEI Number:** 82-2656867

**Certificate of Status Desired:** No

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

BOARI, GIULIANNA  
28059 US-19 N  
SUITE 205  
CLEARWATER, FL 33761 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:** GIULIANNA BOARI

04/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FOX, CHRIS  
Address        28059 US-19 N  
                  SUITE 205  
City-State-Zip: CLEARWATER FL 33761

*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:** CHRIS FOX

MANAGER

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date