

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000127319

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

**Current Principal Place of Business:**

2120 RANGE ROAD  
CLEARWATER, FL 33765

**Current Mailing Address:**

28059 US HWY 19  
SUITE 205  
CLEARWATER, FL 33761 US

**FEI Number:** 83-0644779

**Certificate of Status Desired:** No

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

FOX, CHRIS  
2120 RANGE ROAD  
CLEARWATER, FL 33765 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            COO  
Name            BRYANT, ASHLEE  
Address        28059 US HWY 19  
                  SUITE 205  
City-State-Zip: CLEARWATER FL 33761

Title            AUTHORIZED REPRESENTATIVE, TWI  
                  CEO  
Name            CHRIS, FOX  
Address        28059 US HWY 19  
                  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