# 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: LAUREEN JANDROEP

Electronic Signature of Signing Authorized Person(s) Detail

## **Current Mailing Address:**

**106 RIDGEMONT CIRCLE SE** 

## FEI Number: 46-1618824

## Name and Address of Current Registered Agent:

JANDROEP, LAUREEN 106 RIDGEMONT CIRCLE SE PALM BAY, FL 32909 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: LAUREEN JANDROEP

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MGR Name JANDROEP, LAUREEN Address 106 RIDGEMONT CIRCLE SE City-State-Zip: PALM BAY FL 32909

> 02/04/2024 MGR

# Entity Name: CERTIFICATION COACHING ORGANIZATION, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

106 RIDGEMONT CIRCLE SE PALM BAY, FL 32909

PALM BAY, FL 32909 US

Certificate of Status Desired: No

02/04/2024

Date

# FILED Feb 04, 2024 Secretary of State 2555185773CC