

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000272120

**Entity Name:** COASTAL PROFESSIONAL SOLUTIONS LLC

**Current Principal Place of Business:**

8042 N PALAFOX ST  
UNIT E  
PENSACOLA, FL 32534

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**4720021951CC**

**Current Mailing Address:**

8042 N PALAFOX ST  
UNIT E  
PENSACOLA, FL 32534 US

**FEI Number: 84-3755001**

**Certificate of Status Desired: No**

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

DEEL, LOGAN M  
8042 N PALAFOX ST  
UNIT E  
PENSACOLA, FL 32534 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	MGR, CEO	Title	DIRECTOR, MANAGER, CFO
Name	DEEL, LOGAN M	Name	GREEN, LARRY PAUL
Address	8042 N PALAFOX ST UNIT E	Address	8042 N PALAFOX ST UNIT E
City-State-Zip:	PENSACOLA FL 32534	City-State-Zip:	PENSACOLA FL 32534

*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: LARRY GREEN**

**CFO**

**04/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date