

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000074165

**Entity Name:** FLORIDA BATTERER INTERVENTION PROGRAM COALITION,  
L.L.C.

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**4004473503CC**

**Current Principal Place of Business:**

1645 PALM BEACH LAKES BLVD.  
1200  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1645 PALM BEACH LAKES BLVD.  
1200  
WEST PALM BEACH, FL 33401 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CARTER YOUNG, NERISSA  
1645 PALM BEACH LAKES BLVD.  
SUITE 1200  
WEST PALM BEACH, FL 33401 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 CO-TRUSTEE  
Name YOUNG, EDDIE III  
Address 1645 PALM BEACH LAKES BLVD.,  
SUITE 1200  
City-State-Zip: WEST PALM BEACH, FL 33401

Title CO-TRUSTEE  
Name OTOOLE, KIERAN  
Address 1645 PALM BEACH LAKES BLVD.,  
SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title CO-TRUSTEE  
Name STEPHEN, LADD  
Address 1645 PALM BEACH LAKES BLVD.,  
SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

*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: EDDIE YOUNG III**

**CO-TRUSTEE**

**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date