

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000295423

**Entity Name:** SHORELINE COUNSELING, LLC.

**Current Principal Place of Business:**

10 PIER 1 STE 204  
SUITE 204  
ASTORIA, OR 97103

**Current Mailing Address:**

10 PIER 1 STE 204  
SUITE 204  
ASTORIA, OR 97103 US

**FEI Number:** 47-2854501

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS, ASSISTANT SECRETARY

02/09/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name VON COLDITZ, SARAH  
Address 10 PIER 1 STE 204  
SUITE 204  
City-State-Zip: ASTORIA OR 97103

*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:** SARAH VON COLDITZ

MANAGER

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date