

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009103

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

**Current Principal Place of Business:**

1833 SEMINOLE BLVD.  
LARGO, FL 33778

**Current Mailing Address:**

10901 ROOSEVELT BOULEVARD N  
BUILDING B SUITE #600  
SAINT PETERSBURG, FL 33716 US

**FEI Number:** 82-4899974

**Certificate of Status Desired:** Yes

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

FOX, CHRIS  
2120 RANGE ROAD  
CLEARWATER, FL 34275 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 OTHER, OWNER  
Name THE WAVE INTERNATIONAL, LLC  
Address 10901 ROOSEVELT BOULEVARD N  
BUILDING B SUITE #600  
City-State-Zip: SAINT PETERSBURG FL 33716

Title AUTHORIZED REPRESENTATIVE, TWI  
CEO  
Name FOX, CHRIS  
Address 26501 PASEO INFINITA  
City-State-Zip: SAN JUAN CAPISTRANO CA 92675

*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:** ASHLEE BRYANT

**EXECUTIVE DIRECTOR  
OF OPERATIONS**

**01/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date