

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000004186

Entity Name: COASTAL RESTORATION OF FLORIDA LLC**Current Principal Place of Business:**320 HIGH TIDE DR
ST AUGUSTINE, FL 32080**Current Mailing Address:**320 HIGH TIDE DR
ST AUGUSTINE, FL 32080 US**FEI Number:** 85-0810909**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AGENTS AND CORPORATIONS, INC.
300 5TH AVE S STE 101-330
NAPLES, FL 34102 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
Name	MANN, JOHN
Address	320 HIGH TIDE DR
City-State-Zip:	ST AUGUSTINE FL 32080

Title	MBR
Name	MANN, JOHN
Address	320 HIGH TIDE DR
City-State-Zip:	ST AUGUSTINE FL 32080

Title	AP
Name	MANN, JOHN
Address	320 HIGH TIDE DR
City-State-Zip:	ST AUGUSTINE FL 32080

Title	PRESIDENT
Name	MANN, STEWART
Address	320 HIGH TIDE DR
City-State-Zip:	ST AUGUSTINE FL 32080

Title	MANAGER
Name	MANN, STEWART
Address	320 HIGH TIDE DR
City-State-Zip:	ST AUGUSTINE FL 32080

Title	AUTHORIZED MEMBER
Name	MANN, STEWART
Address	320 HIGH TIDE DR
City-State-Zip:	ST AUGUSTINE FL 32080

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: STEWART MANN**PRESIDENT****02/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date