

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-02-2008 90023 020 ***138.75

DOCUMENT # L06000052342 1. Entity Name COASTAL CARE, LLC	
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Principal Place of Business 8833 PERIMETER PARK BLVD STE 101 JACKSONVILLE, FL 32216 731 Duval Station Road STE 107-417 Jacksonville, FL 32218	Mailing Address 8833 PERIMETER PARK BLVD STE 101 JACKSONVILLE, FL 32216
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30008725



01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0866306	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD STE 504 JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: GLAZIER & GLAZIER, P.A.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OWNER WILLIAMS, REX J 8833 PERIMETER PARK BLVD STE 101 JACKSONVILLE, FL 32216 731 Duval Station Road STE 107-417 Jacksonville, FL 32218
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Rex J. Williams 4/15/08 714-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #