

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076961

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** COASTAL BEHAVIORAL HEALTH SERVICES LLC

**Current Principal Place of Business:**

1301 SEMINOLE BLVD  
UNIT 168  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

1301 SEMINOLE BLVD  
UNIT 168  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 26-3211473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STYERS, DONALD W  
1301 SEMINOLE BLVD  
UNIT 168  
LARGO, FL 33770 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STYERS, DONALD W  
**Address:** 19531 GULF BLVD., UNIT 309  
**City-St-Zip:** INDIAN SHORES, FL 33785

**Title:** MGRM  
**Name:** CAPES, DEBBIE J  
**Address:** 12365 90TH AVENUE N.  
**City-St-Zip:** SEMINOLE, FL 33772

**Title:** MGRM  
**Name:** STYERS, JOHN D  
**Address:** 1301 SEMINOLE BLVD, UNIT 168  
**City-St-Zip:** LARGO, FL 33770

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DONALD W STYERS

MGRM

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date