

L1000 00 15441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200171972012

AC 3/18/10
E. DENNARD

Malave, Erin

From: Armando [alternativehealthconnections@gmail.com]

Sent: Tuesday, March 16, 2010 10:59 AM

To: CorpAddressChange

Subject: Coastline Insurance Services, LLC #L10000015441

To Whom It May Concern:

Our LLC was formed on 2/09/2010 and we have since then signed a lease for our new location. Please correct your records to reflect the Coastline Insurance Services' physical location as 311 Orange Avenue Fort Pierce, FL 34950. If you have any questions I can be reached at 863-412-5960. Thank you!