

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065671

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** COASTAL LEGAL NURSE CONSULTING, LLC

**Current Principal Place of Business:**

1686 CALLE BONITA  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1686 CALLE BONITA  
PENSACOLA BEACH, FL 32561

**New Mailing Address:**

**FEI Number:** 27-3452442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONRAD, TAMMIE R  
1686 CALLE BONITA  
PENSACOLA BEACH, FL 32561 US

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

THOMPSON, TAMMIE R  
1686 CALLE BONITA  
PENSACOLA BEACH, FL 32561 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: TAMMIE R. THOMPSON

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THOMPSON, TAMMIE R  
Address: 1686 CALLE BONITA  
City-St-Zip: PENSACOLA BEACH, FL 32561

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: TAMMIE R. THOMPSON

MGR

04/28/2011

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