## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096606

Entity Name: COASTAL ENDOCRINOLOGY LLC

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**Current Principal Place of Business:** 

3585 MURRELL ROAD SUITE B

ROCKLEDGE, FL 32955

**Current Mailing Address:** 

2046 TREASURE COAST PLAZA SUITE A #356 VERO BEACH, FL 32960 US

FEI Number: 26-3524765 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE 115

JACKSONVILLE, FL 32204 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

FILED Mar 21, 2025

**Secretary of State** 

1962811746CC

## Authorized Person(s) Detail:

Title MGRM

Name CASTRO, ARTURO MD

Address 2046 TREASURE COAST PLAZA

**SUITE A #356** 

City-State-Zip: VERO BEACH FL 32960

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: ARTURO CASTRO PRESIDENT 03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date