

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116280

**Entity Name:** WEST COAST PLUMBING & WATER TREATMENT, LLC

**Current Principal Place of Business:**

5651 HALIFAX AVENUE  
SUITE 3  
FT MYERS, FL 33912

**Current Mailing Address:**

5651 HALIFAX AVENUE  
SUITE 3  
FT MYERS, FL 33912 US

**FEI Number:** 26-2866775

**Certificate of Status Desired:** No

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

WALLIN, BRIAN D  
5651 HALIFAX AVENUE  
SUITE 3  
FT MYERS, FL 33912 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

**Authorized Person(s) Detail :**

Title MGR  
Name WALLIN, BRIAN D  
Address 5651 HALIFAX AVENUE  
SUITE 3  
City-State-Zip: FT MYERS FL 33912

*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:** BRIAN WALLIN

**OWNER CEO**

**02/05/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date