

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149871

Entity Name: FIRST COAST AUTISM, LLC

Current Principal Place of Business:

8 WILDWOOD LANE
PALM COAST, FL 32137

Current Mailing Address:

8 WILDWOOD LANE
PALM COAST, FL 32137 US

FEI Number: 46-3953319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALABRESE, DAVID K
8 WILDWOOD LANE
PALM COAST, FL 32137 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 MGRM
Name CALABRESE, DAVID K
Address 8 WILDWOOD LANE
City-State-Zip: PALM COAST FL 32137

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: DAVID CALABRESE

MANAGING MEMBER

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date