

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000168127

**Entity Name:** CRISTEN COKER COUNSELING LLC

**Current Principal Place of Business:**

501 N. RIDGEWOOD AVENUE  
SUITE E  
EDGEWATER, FL 32132

**Current Mailing Address:**

501 N. RIDGEWOOD AVENUE  
SUITE E  
EDGEWATER, FL 32132 US

**FEI Number:** 46-4307613

**Certificate of Status Desired:** No

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

COKER, CRISTEN  
4 CARLEY CIRCLE  
NEW SMYRNA BEACH, FL 32169 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            PRESIDENT  
Name            COKER, CRISTEN  
Address        501 N. RIDGEWOOD AVENUE  
                  SUITE E  
City-State-Zip: EDGEWATER FL 32132

*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:** CRISTEN COKER

**PRESIDENT**

**01/10/2022**

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

\_\_\_\_\_ Date