

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168127

Entity Name: CRISTEN COKER COUNSELING LLC

Current Principal Place of Business:

4 CARLEY CIRCLE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

4 CARLEY CIRCLE
NEW SMYRNA BEACH, FL 32169

FEI Number: 46-4307613

Certificate of Status Desired: Yes

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 MGRM
Name COKER, CRISTEN
Address 4 CARLEY CIRCLE
City-State-Zip: NEW SMYRNA BEACH FL 32169

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

OWNER/MGM

01/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date