that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CRISTEN COKER **OWNER/COUNSELOR**

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

Electronic Signature of Signing Authorized Person(s) Detail

Ν City-State-Zip: NEW SMYRNA BEACH FL 32169 City-State-Zip: NEW SMYRNA BEACH FL 32169

SIGNATURE:

	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	PRESIDENT	Title	MANAGER
Name	COKER, CRISTEN	Name	POSTILION, MICHAEL
Address	4 CARLEY CIRCLE	Address	4 CARLEY CIRCLE
City Chata Zin		City State Zin:	

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.

Current Mailing Address:

328 N. RIDGEWOOD AVENUE SUITE 1 EDGEWATER, FL 32132 US

FEI Number: 46-4307613

Name and Address of Current Registered Agent:

COKER, CRISTEN **4 CARLEY CIRCLE** NEW SMYRNA BEACH, FL 32169 US

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168127

Entity Name: CRISTEN COKER COUNSELING LLC

Current Principal Place of Business:

328 N. RIDGEWOOD AVENUE SUITE 1 EDGEWATER, FL 32132

Date

Date

FILED Mar 09, 2016 Secretary of State CC7920310355

Certificate of Status Desired: No

03/09/2016