

2019 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	Title	MANAGER
Name	COKER, CRISTEN	Name	POSTILION, MICHAEL
Address	4 CARLEY CIRCLE	Address	4 CARLEY CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32169	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

01/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date