

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000023272

**Entity Name:** COASTAL CARE PHARMACY LLC

**Current Principal Place of Business:**

11939 PANAMA CITY BEACH PKWY  
PANAMA CITY BEACH, FL 32407

**Current Mailing Address:**

7895 HIGHWAY 119  
STE 1  
ALABASTER, AL 35007 US

**FEI Number:** 46-5060653

**Certificate of Status Desired:** Yes

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

SHIRLEY, CHARLES J  
11939 PANAMA CITY BEACH PKWY  
PANAMA CITY BEACH, FL 32407 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:** CHARLES J SHIRLEY

01/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	PRESIDENT
Name	SHIRLEY, CHARLES J	Name	COGGIN, JORDAN C
Address	7895 HIGHWAY 119 STE 1	Address	304 CEDAR HILL DRIVE
City-State-Zip:	ALABASTER AL 35007	City-State-Zip:	BIRMINGHAM AL 35242

*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:** CHARLES J SHIRLEY

OWNER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date