

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000116089

**Entity Name:** COASTAL COUNSELING FLORIDA LLC

**Current Principal Place of Business:**

801 CLEMENT DRIVE  
PANAMA CITY, FL 32409

**Current Mailing Address:**

P.O. BOX 1993  
LYNN HAVEN, FL 32444 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BENSON, MELISSA S  
801 CLEMENT DRIVE  
PANAMA CITY, FL 32409 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:** MELISSA S. BENSON

04/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BENSON, MELISSA S  
Address 801 CLEMENT DRIVE  
City-State-Zip: PANAMA CITY FL 32409

*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:** MELISSA BENSON

AMBR

04/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date