

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000137615

**Entity Name:** COAST DISTRIBUTION PCBFL LLC

**Current Principal Place of Business:**

169 GRIFFIN BLVD.  
106  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

169 GRIFFIN BLVD.  
106  
PANAMA CITY BEACH, FL 32413 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** UNITED STATES CORPORATION AGENTS

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | MGR                          | Title           | AMBR                         |
| Name            | EASTER, ROBERT C             | Name            | THE HOLIDAY LIFESTYLE LLC    |
| Address         | 169 GRIFFIN BLVD., SUITE 106 | Address         | 169 GRIFFIN BLVD., SUITE 106 |
| City-State-Zip: | PANAMA CITY BEACH FL 32413   | City-State-Zip: | PANAMA CITY BEACH FL 32413   |

*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:** ROBERT EASTER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date