

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000181585

**Entity Name:** COASTAL 360 LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2783 MANUEL DR.  
LILLIAN, AL 36549

**FILED**  
**Mar 09, 2021**  
**Secretary of State**  
**4366600767CC**

**Current Mailing Address:**

5190 PALE MOON DRIVE  
PENSACOLA, FL 32507 US

**FEI Number: 27-0621733**

**Certificate of Status Desired: No**

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

VIGON, GWEN  
5190 PALE MOON DRIVE  
PENSACOLA, FL 32507 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 MGR  
Name VIGON, GWEN  
Address 2783 MANUEL DR.  
City-State-Zip: LILLIAN AL 36549

*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: GWEN VIGON**

**MGR**

**03/09/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date