

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000352430

**Entity Name:** COASTAL CONCIERGE CARE LLC

**Current Principal Place of Business:**

700 2ND AVENUE NORTH  
SUITE 305  
NAPLES, FL 34102

**Current Mailing Address:**

700 2ND AVENUE NORTH  
SUITE 305  
NAPLES, FL 34102 US

**FEI Number:** 85-4106287

**Certificate of Status Desired:** No

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

MARSH, JONATHAN  
7995 BEAUMONT CT  
NAPLES, FL 34109 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 MARSH, JONATHAN  
Address 7995 BEAUMONT CT  
City-State-Zip: NAPLES FL 34109

*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:** JONATHAN MARSH

MGR

04/21/2022

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

\_\_\_\_\_  
Date