

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000136243

Entity Name: COASTLINE SPINE CHIROPRACTIC & REHAB PLLC

Current Principal Place of Business:

900 STATE ROAD 16 STE 2
ST. AUGUSTINE, FL 32084-6567

Current Mailing Address:

900 STATE ROAD 16 STE 2
ST. AUGUSTINE, FL 32084-6567 US

FEI Number: 86-3064347

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BEASLEY, WILLIAM L
546 ASHBY LANDING WAY
ST AUGUSTINE, FL 32086 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: WILLIAM L. BEASLEY

01/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BEASLEY, WILLIAM L
Address 546 ASHBY LANDING WAY
City-State-Zip: ST AUGUSTINE FL 32086

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: WILLIAM BEASLEY

MGR

01/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date