# 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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: PAUL MACKEY

NOVI, MI 48377 FEI Number: 92-0486676

## Name and Address of Current Registered Agent:

MACKEY, PAUL A 3655 CORTEZ ROAD W BRADENTON, FL 34210 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

## Authorized Person(s) Detail :

Title MGR MACKEY, PAUL A Name Address 41694 CHARLESTON LANE City-State-Zip: NOVI MI 48377

Certificate of Status Desired: No

FILED Jan 28, 2025 Secretary of State 2521146771CC

Date

MEMBER

### 01/28/2025

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL	<u>REPORT</u>

## DOCUMENT# L22000415312

Entity Name: COASTAL PROFESSIONAL ACCOUNTING LLC

# **Current Principal Place of Business:**

3655 CORTEZ ROAD W 150 BRADENTON, FL 34210

# **Current Mailing Address:** 41694 CHARLESTON LANE

Date