

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000006064

FILED
Oct 06, 2005
Secretary of State

Entity Name: COASTAL FINANCIAL GROUP, LLC

Current Principal Place of Business:

2105 CROWN DR
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

9310 OLD KINGS RD. SOUTH
SUITE 1103
JACKSONVILLE, FL 32257

Current Mailing Address:

2105 CROWN DR
ST. AUGUSTINE, FL 32092

New Mailing Address:

9310 OLD KINGS RD. SOUTH
SUITE 1103
JACKSONVILLE, FL 32257

FEI Number: 56-2316347 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CULBERTSON, CARYL J
2105 CROWN DR
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

CULBERTSON, CARYL J
9310 OLD KINGS RD. SOUTH
JACKSONVILLE, FL 32257 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: CARYL CULBERTSON

10/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CULBERTSON, CARYL J
Address: 2105 CROWN DR
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CULBERTSON, CARYL J
Address: 9310 OLD KINGS RD. SOUTH SUITE 1103
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CARYL CULBERTSON

PRES

10/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date