

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097384

FILED
Apr 27, 2009
Secretary of State

Entity Name: COASTAL FINANCIAL SERVICES, LLC.

Current Principal Place of Business:

1200 US HWY 1
SUITE B
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

400 FONSECA WAY
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

125 ST EDWARDS PL
PALM BEACH GARDENS, FL 33418

New Mailing Address:

400 FONSECA WAY
PALM BEACH GARDENS, FL 33410 US

FEI Number: 76-0838880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PWA FINANCIAL SERVICES, LLC
2288 SARATOGA BAY DR.
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PWA FINANCIAL SERVICES, LLC
Address: 2288 SARATOGA BAY DR.
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM () Delete
Name: DJG REALTY, LLC
Address: 125 ST EDWARD PL.
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DJG REALTY, LLC
Address: 402 FONSECA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PERRY ANTON

MGRM

04/27/2009

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