

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056234

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COASTAL GROUP CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

7200 CORPORATE DRIVE, STE 316  
MIAMI, FL 33126

**New Principal Place of Business:**

3703 NW 41 ST.  
MIAMI, FL 33142

**Current Mailing Address:**

7200 CORPORATE DRIVE, STE 316  
MIAMI, FL 33126

**New Mailing Address:**

3703 NW 41 ST.  
MIAMI, FL 33142

FEI Number: 26-0397834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CUEVAS & ORTIZ, P.A.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134 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: COELLO, LILIA M  
Address: 7200 CORPORATE DRIVE, STE 316  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: COELLO, ARTHUR  
Address: 7200 CORPORATE DRIVE, STE 316  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COELLO, LILIA M  
Address: 3703 NW 41 ST  
City-St-Zip: MIAMI, FL 33142

Title: MGRM (X) Change ( ) Addition  
Name: COELLO, ARTHUR  
Address: 3703 NW 41 ST  
City-St-Zip: MIAMI, FL 33142

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: COELLO, ARTHUR

MGRM

04/30/2009

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