

L16000002502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

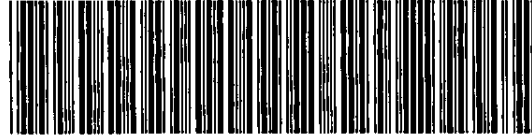
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800284691308

FILING CANCELLED  
RETURNED CHECK

04/20/16--01001--014 \*\*30.00

16 APR 20 PM 4:05  
Filing Office

APR 20 2016

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COASTAL GRANT SERVICES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK HENNESSEY

\_\_\_\_\_  
Name of Person

COASTAL GRANT SERVICES, LLC

\_\_\_\_\_  
Firm/Company

330 SW 2ND STREET, SUITE 105

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33312

\_\_\_\_\_  
City/State and Zip Code

INFO@COASTALGRANTS.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK HENNESSEY

888 541-5551  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

## FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARK HENNESSEY	401 EAST LAS OLAS BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 1400	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	THERESA CONTE	401 EAST LAS OLAS BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 1400	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

JUN 16 4 20 PM '06  
 U.S. DEPT. OF JUSTICE  
 FEDERAL BUREAU OF INVESTIGATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILING CANCELLED  
RETURNED CHECK

18 APR 20 PM 4:06  
STATE OF NEW YORK  
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated APRIL 10, 2016



Signature of a member or authorized representative of a member

KRISTEN HENNESSEY

Typed or printed name of signee