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(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:			

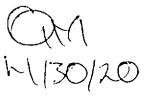
Office Use Only



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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Coastal Wealth Advisory Services, I	LC	
		nited Liability Cor	mpany)
The er	nclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Gregor	y L. Money		
	(Contact Person)		_
Coasta	l Wealth Advisory Services, LLC		
	(Firm/Company)		_
1240 S	tonehaven Court		
	(Address)		_
Lake N	Aary, FL 32795		
	(City/State and Zip Code)		_
For fu	orther information concerning this mat	ter, please call:	
Gregro	ory L. Money	450	580-9807
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed please find a check made payable		
■ \$2:	5 Filing Fee	S55 Filing	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it of State is: Coastal Wealth Advisory Services, LLC	appears on the records of the Florida Department
2. The Florida document/registration number assi	gned to this limited liability company is:
3. The date this member/manager withdrew/resign	ned or will withdraw/resign is: April 13, 2020
4. I, Karen L. Money (Print Name of Person Resigning) Managing Member	, hercby withdraw/resign as a
(Print Title) of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Signiture of Dissociating Member or Resigni	ng Manager APR
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	20 AM II:

RESIGNATION OF MANAGING MEMBER

KNOW ALL MEN BY THESE PRESENTS, that I, KAREN L. MONEY, Managing Member of Coastal Wealth Advisory Services, LLC, a Florida limited liability company, do hereby resign as Managing Member of Coastal Wealth Advisory Services, LLC.

12th

IN WITNESS WHEREOF, I have set n	hand and seal to this 2 day of April, 2020.
К	ARRN L. MONEY
STATE OF Virginia	
COUNTY OF BOLETOUT	
Sworn to, acknowledged and subscribe	d before me this 13 th day of April, 2020, by
Karen L. Money who [] is personally known	n to me or who [] produced
	_ as identification.
[Affix Notary Stamp or Seal below]	Notary Public Signature Carter
-11111140-	Amy A. Carter
REGISTRATION NO. REGISTRATION NO. 7294866 MY COMM. EXPIRES. WISONAM. EXPIRES. WISONA	Notary Public Printed/Typed Name Expiration: June 30, 2024
WISO ARY PUBLICATION	