

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000059190

Entity Name: COASTAL DEVELOPMENT GROUP, LLC**Current Principal Place of Business:**1662 STOCKTON STREET, SUITE 201
JACKSONVILLE, FL 32204**Current Mailing Address:**1662 STOCKTON STREET, SUITE 201
JACKSONVILLE, FL 32204 US**FEI Number:** 61-1766085**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUNN, MICHAEL J
1662 STOCKTON STREET, SUITE 201
JACKSONVILLE, FL 32204 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER, PRESIDENT
Name MUNN, MICHAEL J
Address 1662 STOCKTON STREET
SUITE 201
City-State-Zip: JACKSONVILLE FL 32204-4561

Title AMBR
Name THE 1492 TRUST
Address 1662 STOCKTON STREET, SUITE 201
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR, VP
Name SCHMIDT, RAYMOND
Address 1662 STOCKTON STREET, SUITE 201
City-State-Zip: JACKSONVILLE FL 32204

Title VP
Name HALSEMA, JAY C
Address 1662 STOCKTON STREET, SUITE 201
City-State-Zip: JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J MUNN**PRESIDENT****01/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date