


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 17, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000060380 1. Entity Name SUNCOAST DELIVERY SYSTEMS L.L.C. |  |
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| Principal Place of Business 7496 17 STREET NORTH ST. PETERSBURG FL 33702 | Mailing Address 7496 17 STREET NORTH ST. PETERSBURG FL 33702 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

2nd MOORE CR2E083 (4/07)

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|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State Zip Country | City & State Zip Country | 4. FEI Number 20-2641023 | Applied For <input type="checkbox"/> Not Applicable |
|--------------------------------------|--------------------------------------|------------------------------------|--|

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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CLARK, GLENDA K 7496 17 STREET NORTH ST. PETERSBURG FL 33702 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Glenda K Clark* DATE _____

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|-------------------------------------|
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | CLARK, GLENDA K |
| STREET ADDRESS | 7496 17 STREET NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 |
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | DISNEY, PAUL R |
| STREET ADDRESS | 7496 17 STREET NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 10. ADDITIONS/CHANGES | |
|-----------------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | U00000772289 |
| CITY-ST-ZIP | 08/17/07-80007-010 50.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Glenda K Clark* 8-11-07 727-409-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #