## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000020301

**Current Principal Place of Business:** 

8345 CORPORATE WAY

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PALM HARBOR, FL 34683

3478 PRIMROSE WAY

MATONIS, JAMES A

MATONIS, MARY F

7947 AUGUSTA LANE

7947 AUGUSTA LANE

PALM HARBOR, FL 34683

( ) Delete

(X) Delete

CONCORD TOWNSHIP, OH 44077

(X) Delete

CONCORD TOWNSHIP, OH 44077

MGR

MGRM

ROSS, BRIAN C

Entity Name: SUNCOAST SURFACES & GRANITE, LLC

FILED Jan 23, 2009 Secretary of State

**New Principal Place of Business:** 

NEW PORT RICHEY, FL 34653 **Current Mailing Address: New Mailing Address:** 8345 CORPORATE WAY NEW PORT RICHEY, FL 34653 FEI Number: 20-8584821 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERT F. DIMARCO, C.P.A. PA 3444 EAST LAKE ROAD STE 412 PALM HARBOR, FL 34685 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: ADDITIONS/CHANGES: MGRM Title: MGRM () Delete (X) Change ( ) Addition FRASER, RUSSEL J Name: MATONIS, MARY F Name: 500 HIGH PINES COURT Address: 2619 GLORIOSA DR Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34684 Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition FRASER, JUDITH A Name: MATONIS, JAMES A Name: Address: 500 HIGH PINES COURT Address: 2619 GLORIOSA DR City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34684 Title: MGR () Delete Title: MGRM (X) Change ( ) Addition LINDSEY, ERIN N FRASER, RUSSELL J Name: Name: 3478 PRIMROSE WAY Address: Address: 544 HIGH PINES CT

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

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PALM HARBOR, FL 34683

PALM HARBOR, FL 34683

FRASER, JUDITH A

544 HIGH PINES CT

(X) Change ( ) Addition

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MGRM

SIGNATURE: MARY F MATONIS MGRM 01/23/2009

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.