

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098405

Entity Name: MERIDIAN SARASOTA LLC

FILED  
Jun 09, 2009  
Secretary of State

## Current Principal Place of Business:

17757 US HWY 19 NORTH  
SUITE 200  
CLEARWATER, FL 33764

## New Principal Place of Business:

4600 140TH AVE N  
STE # 220  
CLEARWATER, FL 33762

## Current Mailing Address:

17757 US HWY 19 NORTH  
SUITE 200  
CLEARWATER, FL 33764

## New Mailing Address:

4600 140TH AVE N  
STE # 220  
CLEARWATER, FL 33762

FEI Number: 81-0679112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ILONA, KOSSOFF  
7738 ARAIA WAY  
CLEARWATER, FL 33777      US

## Name and Address of New Registered Agent:

ILONA, KOSSOFF  
4600 140TH AVE N  
STE # 220  
CLEARWATER, FL 33762      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: ILONA KOSSOFF

06/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MERIDIAN MANAGEMENT GROUP OF FLORIDA LLC  
Address: 17757 US HWY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: STEVEN KOSSOFF

MGR

06/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date