

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000015081

**Entity Name:** SUNCOAST VACATION RENTALS OF ST. GEORGE ISLAND, LLC

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC1708469073**

**Current Principal Place of Business:**

224 FRANKLIN BLVD.  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

224 FRANKLIN BLVD.  
ST. GEORGE ISLAND, FL 32328

**FEI Number: 27-4349430**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GILBERT, SAMUEL D  
224 FRANKLIN BLVD.  
ST. GEORGE ISLAND, FL 32328 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	MGMR	Title	MGR
Name	ARMISTEAD, WALTER J	Name	HALE, LAWRENCE
Address	224 FRANKLIN BLVD	Address	224 FRANKLIN BLVD.
City-State-Zip:	ST GEORGE ISLAND FL 32328	City-State-Zip:	ST. GEORGE ISLAND FL 32328

*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: WALTER J ARMISTEAD**

**MGMR**

**02/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date