2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S

				·,	**		
DOCUMENT # L0000003309 1. Entity Name SUNCOAST - MANATEE, LLC					FILED		
Principal Place of Business 5515 21ST AVE. W., #D BRADENTON FL 34209		Mailing Address 5515 21ST AVE. W., #D BRADENTON FL 34209			OI FEBIL AMII: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3		3. Mailing Address			ul ii li ii liii iii liii	96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number Applied For			
Zip Country		Zip Count		try	5. Certificate of Status Desired	\$5.00 Ad	
	6. Name and Address of Current	Pegietered Agent			7. Name and Address of New Reg	Fee Require	
BLALOCK, LANDERS, WALTERS & VOGLER, P.A Name					7. Name and Address of New Neg	isteled Agent	
802 11TH STREET WEST				Street Address (1	P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
BRADEN*	TON FL 34205			_			
				City		FL Zip Cod	le
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or registere	ed agent, or both, in the State of Florid	la.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State							
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CH		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHERS Stanto 5515 21 Avw # D Bradenton FL	E Delete 34269	1	ì		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i	500003 -02/20, ******	/0101028+	□ Addition { 5 5 -016 *53.00
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TITLE NAME STREET ADDRESS \$CITY-ST-ZIP		☐ Delete		ł	1	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1			☐ Change	☐ Addition
indicated	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have t	he same	legal effect as if m	ade under oath; that I am a managing	rther certify that the i member or manage	nformation er of the

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #