

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015362

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** COAST SARASOTA CROSSINGS, P.L.

**Current Principal Place of Business:**

5425 FRUITVILLE ROAD  
16  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

4010 WEST BOY SCOUT BLVD  
1100  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 65-1126607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HUIE, PATRICIA ESQ.  
4010 WEST BOY SCOUT BLVD  
1100  
TAMPA, FL 33607 US

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

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:**

**Title:** MGRM  
**Name:** COAST DENTAL, P.A.  
**Address:** 4010 WEST BOY SCOUT BLVD, SUITE 1100  
**City-St-Zip:** TAMPA, FL 33607

I hereby 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: PATRICIA HUIE

ATTY

03/14/2011

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