

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90025 026 \*\*\*\*50.00

DOCUMENT # **L02000000631**

1. Entity Name

Suncoast Concierge, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8619 11th Avenue NW

3. Mailing Address  
Box 14939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Bradenton FL

City & State  
Bradenton FL

4. FEI Number 90-0001422

Applied For

Not Applicable

Zip  
34209

Country  
Manatee

Zip  
34280-4939

Country  
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name John D. Bonanno, Esq.

Street Address (P.O. Box Number is Not Acceptable)

601 12th Street West

City Bradenton

FL

Zip Code  
34205

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Valerie K. Bonanno, Managing Member 8619 11th Avenue NW Bradenton, FL 34209	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	John D. Bonanno, Managing Member 8619 11th Avenue NW Bradenton, FL 34209	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/2003 (941) 474-1871

Date

Daytime Phone #

CR2E083B (12/02)