

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003746

FILED  
Aug 01, 2009  
Secretary of State

**Entity Name:** SUNCOAST PROPERTY MANAGEMENT AND DEVELOPMENT, LLC

**Current Principal Place of Business:**

1156 NE CLEVELAND ST  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

911 S. HILLCREST AVE.  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

PO BOX 7388  
CLEARWATER, FL 33758 US

**New Mailing Address:**

911 S. HILLCREST AVE.  
CLEARWATER, FL 33756 US

FEI Number: 04-3620497      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:**

SOLLECITO, ROSA  
1156 NE CLEVELAND ST  
CLEARWATER, FL 33755 US

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

SOLLECITO, ROSA  
911 S. HILLCREST AVE.  
CLEARWATER, FL 33756 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:

08/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOLLECITO, ROSA E  
Address: P.O. BOX 7388  
City-St-Zip: CLEARWATER, FL 337587388

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SOLLECITO, ROSA E  
Address: 911 S. HILLCREST AVE  
City-St-Zip: CLEARWATER, FL 33756 US

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: ROSA E. SOLLECITO

MGRM

08/01/2009

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