

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000004846

1. Entity Name
GULFCOAST SUNS LLC



Principal Place of Business
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713

Mailing Address
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713



03302004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
02-0604027

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER C. SANDERS, P.A.
2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000105299
04/07/04-80021-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME JOHNSON, LEONARD W
STREET ADDRESS 609 11TH AVE S
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE MGR
NAME BARRETT, THOMAS
STREET ADDRESS PO BOX 76158
CITY-ST-ZIP SAINT PETERSBURG, FL 33734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 609, Florida Statutes.

SIGNATURE: *By Thomas Barrett*

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

Date

Daytime Phone #