

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90218 032 ****50.00

DOCUMENT # L03000037507



1. Entity Name
SUNCOAST II THE TAMPA BAY SCHOOL OF MASSAGE
THERAPY, LLC

Principal Place of Business
9619 GREEN POINTE DRIVE
TAMPA, FL 33626

Mailing Address
9619 GREEN POINTE DRIVE
TAMPA, FL 33626

20031934



2. Principal Place of Business
2005 Pan Am Cir
Suite, Apt. #, etc.
100

3. Mailing Address
2005 Pan Am Cir
Suite, Apt. #, etc.
100

01252005 Chg-LLC CR2E083 (10/03)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
20-0265440

Applied For
Not Applicable

Zip Country
33607 USA

Zip Country
33607 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

Name

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

City

FL

Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SAUNDERS, JAMES
STREET ADDRESS 9619 GREEN POINTE DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SEGUIN, DANIEL P
STREET ADDRESS 9619 GREEN POINTE DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SEGUIN, DANIEL P
STREET ADDRESS 9619 GREEN POINTE DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SAUNDERS, JAMES
STREET ADDRESS 9619 GREEN POINTE DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

4-8-05

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

Date

Daytime Phone #