

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037507

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



Principal Place of Business

**2005 PAN AM CIRCLE
SUITE 100
TAMPA, FL 33607 US**

Mailing Address

**2005 PAN AM CIRCLE
SUITE 100
TAMPA, FL 33607 US**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC

CR2E033 (11/05)

4. FEI Number
20-0265440

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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TITLE
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05/12/06-80010-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #