

# 2006-LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90199 039 \*\*\*\*50.00

**DOCUMENT # L04000011723**

1. Entity Name

**SURREY SARASOTA PHILLIPS, LLC**



Principal Place of Business

**438 MONTELLUNA DRIVE  
NORTH VENICE FL 34275  
US**

Mailing Address

**438 MONTELLUNA DRIVE  
NORTH VENICE FL 34275  
US**

2. Principal Place of Business

**6219 CLARK CENTER AV**

3. Mailing Address

**149 PORTOFINO DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NORTH VENICE**

City & State

**SARASOTA**

City & State

**NORTH VENICE**

Zip

**FL**

Country

Zip

**FL 34275**

Country

**US**

1st MOORE

CR2E083 (10/05)

4. FEI Number

**51-0499381**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KARINS, VICTORIA J**

**2100 MAIN STREET**

**SARASOTA FL 34237**

**2206 Jo Ann Drive**

**Suite 4**

**Sarasota, FL 34231**

7. Name and Address of New Registered Agent

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **PHILLIPS, THOMAS J**  
STREET ADDRESS **1 MONKS COTTAGES, 22 QUEEN ST.**  
CITY-ST-ZIP **GOMSHALL UK GU5 8 LU**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **PHILLIPS, THOMAS J**  
STREET ADDRESS **149 PORTOFINO DRIVE**  
CITY-ST-ZIP **N. VENICE FL 34275**

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-28-06 941 412 9192**