2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# L04000020871

Entity Name: SUNCOAST WELLNESS LLC

Current Principal Place of Business:

18814 RUE LOIRE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

18814 RUE LOIRE
LUTZ, FL 33558

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAGAN, EDWIN B
2709 ROCKY POINT DR, STE 102
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: KITTELSTAD, MERRILEE
Address: 18814 RUE LOIRE
City-St-Zip: LUTZ, FL 33558

Title: VPT ( ) Delete
Name: KITTLESTAD, RICHARD D
Address: 18814 RUE LOIRE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KITTELSTAD, MERRILEE
Address: 18814 RUE LOIRE
City-St-Zip: LUTZ, FL 33558

Title: MGR (X) Change ( ) Addition
Name: KITTLESTAD, RICHARD D
Address: 18814 RUE LOIRE
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MERRILEE KITTELSTAD MGR 04/07/2005

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