

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020871

FILED
May 16, 2009
Secretary of State

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: 73-1705077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: M KITTELSTAD

PRES

05/16/2009

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