

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028211

1. Entity Name
SUNCOAST INDEPENDENT, LLC



FILED

2008 SEP 24 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2989 FRUITVILLE ROAD
101
SARASOTA, FL 34237

Mailing Address
2989 FRUITVILLE ROAD
101
SARASOTA, FL 34237

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

07292008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0209424

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

REED, SCOTT
2989 FRUITVILLE ROAD
101
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name Freedman, RALPH
Street Address (P.O. Box Number is Not Acceptable) 2989 FRUITVILLE ROAD, #101
City SARASOTA FL Zip Code 34237

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

Ralph Freedman, Mgr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JULIA	
STREET ADDRESS	2700 COCONUT BAY LANE, UNIT 2G	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	REED, SCOTT	
STREET ADDRESS	2808 60TH AVE WEST UNIT 1002	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAKUSOVAS, MICHAEL F	
STREET ADDRESS	1001 N WASHINGTON BLVD, STE 210	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kimberly Freedman	
STREET ADDRESS	6360 ROOKERY CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH Freedman	
STREET ADDRESS	6360 ROOKERY CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900136304719	
STREET ADDRESS	09/24/08--01027--010	
CITY-ST-ZIP	**538.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Ralph Freedman, Mgr.

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

Date

Daytime Phone #

941-350-0722