## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000059698**

 Entity Name SUNCOAST RETIREMENT SERVICES, LLC



FILED Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

6852 CORRAL COURT SARASOTA, FL 34243 U Mailing Address

6852 CORRAL COURT SARASOTA, FL 34243

US



03202007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	20-1499993	3

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

BUTLER, RICHARD A 6852 CORRAL COURT SARASOTA, FL 34243

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	e named entity submits this statement for the purpose of cha tilons of registered agent.	nging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and bile if applicable.	(NOTE: Registered Agent signature required when reinstating)	ent signature required when reinstaling) DATE		
F	illing Fee is \$50.00 lue by May 1, 2007		Figure 1 to the second of the		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTLER, RICHARD A 6852 CORRAL COURT SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM BUTLER, GEORGEANN O 6852 CORRAL COURT SARASOTA, FL 34243	4	000000685671 04/09/07-80015-004 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · ·	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-7IP					

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

TITLE NAME STREET ADDRESS

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

3/28/2007

941-351-5347

Daytime Phone €