


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90079 026 \*\*\*\*50.00

DOCUMENT # <b>L04000086291</b>	
1. Entity Name <b>SUNCOAST HOMECHECK, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**20035125**

2. Principal Place of Business <b>7544 Harrington LN</b> Suite, Apt. #, etc.	3. Mailing Address <b>7544 Harrington LN</b> Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State <b>Bradenton Florida</b>	City & State <b>Bradenton Florida</b>	4. FEI Number <b>030551389</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34202</b>	Country <b>USA</b>	Zip <b>34202</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Deborah D. Skipper</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>
City <b>Tallahassee</b>
State <b>FL</b>
Zip Code <b>32301</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Ronald Edward Adamson 7544 Harrington LN Bradenton FL 34202</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Ronald Edward Adamson** **05-10-05** **941-447-6913**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)