

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90046 016 ****55.00

DOCUMENT # L05000013553

1. Entity Name
SUNCOAST DEVELOPMENT, LLC



Principal Place of Business
PO BOX 103
LAND O'LAKES, FL 34639

Mailing Address
PO BOX 103
LAND O'LAKES, FL 34639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2317520

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name **DEBORAH L. SULLIVAN - TAMBOE, DVM, MM**
Street Address (P.O. Box Number is Not Acceptable)
20319 STATE ROAD 54
City **LUTZ** FL Zip Code **33558**

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

Deborah L. Sullivan - Tamboe, DVM, MM
(Signature of Registered Agent or authorized representative and file if applicable)
(New Registered Agent signature required when reinstating)

3/22/06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SULLIVAN-TAMBOE, DEBORAH L DVM**
STREET ADDRESS **PO BOX 103**
CITY-ST-ZIP **LAND O'LAKES, FL 34639**

TITLE **MGR** ☐ Delete
NAME **DANIELS, JO ANN DVM**
STREET ADDRESS **PO BOX 103**
CITY-ST-ZIP **LAND O'LAKES, FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Deborah L. Sullivan - Tamboe, DVM, MM
Jo Ann Daniels, DVM, MM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **3/22/06** Daytime Phone # **813 949 8899**

JO ANN DANIELS, DVM, MM
Deborah L. Sullivan - Tamboe, DVM, MM