## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000053040

Entity Name: SUNCOAST TAX ADVISORS LLC

FILED Apr 03, 2007 Secretary of State

Certificate of Status Desired ( )

**Current Principal Place of Business: New Principal Place of Business:** 

801 W. BAY DR SUITE 433 2202 N.WESTSHORE BLVD. LARGO, FL 33770

200

TAMPA, FL 33607

**Current Mailing Address: New Mailing Address:** 

801 W. BAY DR SUITE 433 2202 N.WESTSHORE BLVD.

LARGO, FL 33770 200 TAMPA, FL 33607

FEI Number: 20-2780180 FEI Number Applied For ( ) FEI Number Not Applicable ( )

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:

FARLEY, EDWARD A FARLEY, EDWARD A 801 W. BAY DR SUITE 433 2202 N.WESTSHORE BLVD. LARGO, FL 33770 200 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: EDWARD FARLEY 04/03/2007

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition FARLEY, MONIQUE NOVACEK, CHRISTIAN Name: Name: Address: 801 W. BAY DR SUITE 433 Address: 2202 N.WESTSHORE BLVD.

City-St-Zip: LARGO, FL 33770 City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: NOVACEK, HILARY Name: FARLEY, EDWARD A

Address: 801 W. BAY DR SUITE 433 Address: 2202 N.WESTSHORE BLVD. STE:200

City-St-Zip: LARGO, FL 33770 City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete Title: () Change () Addition

FARLEY, EDWARD A Name: Name: 801 W. BAY DR SUITE 433 Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

Name: NOVACEK, CHRISTIAN Name: 801 W. BAY DR SUITE 433 Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTIAN NOVACEK 04/03/2007