


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90019 032 \*\*\*\*55.00

<b>DOCUMENT # L05000063849</b> 1. Entity Name <b>SUNCOAST SEASONAL SERVICES, LLC</b>					
Principal Place of Business <b>101 WOODBRIDGE DRIVE, #203 VENICE, FL 34293</b>			Mailing Address <b>101 WOODBRIDGE DRIVE, #203 VENICE, FL 34293</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>20-2068034</b>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SZAFRANIEC, KRISTIN L 101 WOODBRIDGE DRIVE, #203 VENICE, FL 34293</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u><i>Kristin Szafaniec</i></u> <u><i>Kristin Szafaniec, President</i></u> <u><i>4/10/06</i></u> <small>Signature of registered agent and the if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u><i>President</i></u> <u><i>Kristin Szafaniec</i></u> <u><i>101 Woodbridge Dr. #203</i></u> <u><i>Venice, FL 34293</i></u> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Kristin Szafaniec</i></u> <u><i>Kristin Szafaniec</i></u> <u><i>4/10/06</i></u> <u><i>941-234-5900</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					