


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000067451 1. Entity Name SUNCOAST EQUITY SOLUTIONS, LLC	
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Principal Place of Business 19328 WIND DANCER STREET LUTZ, FL 33558 US	Mailing Address 19328 WIND DANCER STREET LUTZ, FL 33558 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3160633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GOTTFRIED, JOHN 19328 WIND DANCER STREET LUTZ, FL 33558

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000837487
03/04/08-80058-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOTTFRIED, JOHN 19328 WIND DANCER STREET LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOTTFRIED, CARMELA 19328 WIND DANCER STREET LUTZ, FL 33558
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IN THIS SPACE**

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:

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

2/21/08

Date

813-453-5048

Daytime Phone #