

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110752

Entity Name: BEST IN SARASOTA, LLC

FILED  
Apr 07, 2008  
Secretary of State

**Current Principal Place of Business:**

6579 S. TAMIAMI TRAIL, SUITE 111  
SARASOTA, FL 34231

**New Principal Place of Business:**

2172 GULF GATE DR., SUITE 111  
SARASOTA, FL 34231

**Current Mailing Address:**

6579 S. TAMIAMI TRAIL, SUITE 111  
SARASOTA, FL 34231

**New Mailing Address:**

2172 GULF GATE DR., SUITE 111  
SARASOTA, FL 34231

FEI Number: 20-4178462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN NESS, W. SCOTT ESQ  
THE LAW OFFICES OF VAN NESS & VAN NESS, PA  
46 N. WASHINGTON BLVD., SUITE 9  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: JOYCE, MICHAEL E SR.  
Address: 6641 COLONIAL DR.  
City-St-Zip: SARASOTA, FL 34231

Title: MRS. ( ) Delete  
Name: JOYCE, CATHERINE A  
Address: 6641 COLONIAL DR.  
City-St-Zip: SARASOTA,, FL 34231

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL E. JOYCE, SR

MGRM

04/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date