

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90463 007 \*\*\*\*50.00

**DOCUMENT # L06000012650**

1. Entity Name  
**SUITCASE LLC**



Principal Place of Business  
**2307 S. DALE MABRY HWY STE G  
TAMPA, FL 33629 US**

Mailing Address  
**2307 S. DALE MABRY HWY STE G  
TAMPA, FL 33629 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-4256529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**ANDERSON, LORI  
951 SW 11TH STREET  
APT A17  
GAINESVILLE, FL 32601**

## 7. Name and Address of New Registered Agent

Name

**Lori Anderson**

Street Address (P.O. Box Number is Not Acceptable)

**3102 Bay Oaks CT**

# **3-101**

City  
**Tampa**

**FL**

Zip Code  
**33629**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/13/07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ANDERSON, LORI**  
STREET ADDRESS **951 SW 11TH STREET APT. A17**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **MGRM** ☐ Delete  
NAME **DEGROOT, DAVID**  
STREET ADDRESS **1524 NW 22ND STREET**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Lori Anderson**  
STREET ADDRESS **3102 Bay Oaks CT, # 3-101**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **David DeGroot**  
STREET ADDRESS **2024 W. Prospect Road**  
CITY-ST-ZIP **Tampa, FL 33629**

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/13/07**