


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000012650 1. Entity Name SUITCASE LLC |  |
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|---|---|
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



04252008 No Chg-LLC CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-4256529 | 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

**ANDERSON, LORI
3102 BAY OAKS CT
TAMPA, FL 33629**

**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 re-registering) DATE _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDERSON, LORI 3103 BAY OAKS CT #3-101 TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEGROOT, DAVID 2624 W PROSPECT RD TAMPA, FL 33629 |
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U00000928724
05/21/08-80079-023 138.75

**DO NOT WRITE
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:  **4/21/08** **813.333.5098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #