

MAIL

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000014074

1. Entity Name  
SUNCOAST LOTS 579, LLC



Principal Place of Business

P. O. BOX 757, NO. 1 LEGGETT ROAD  
CARTHAGE, MO 64836-0757 US

Mailing Address

P. O. BOX 757, NO. 1 LEGGETT ROAD  
CARTHAGE, MO 64836-0757 US



04022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-0436988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LEGGETT & PLATT INCORPORATED  
STREET ADDRESS P. O. BOX 757, NO. 1 LEGGETT ROAD  
CITY- ST- ZIP CARTHAGE, MO 648360757

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U000000842582  
05/29/08-80026-005 138.75

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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. *to the best of my knowledge and belief*

SIGNATURE:

Kenneth W. Purser, Vice President  
Leggett & Platt, Incorporated

9/28/08 (417) 358-8131

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

Date

Daytime Phone #