


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000023588		
1. Entity Name SUNCOAST INTERNATIONAL ENTERPRISES, LLC		

Principal Place of Business 10877 NEWBRIDGE DRIVE RIVERVIEW, FL 33569 US	Mailing Address 10877 NEWBRIDGE DRIVE RIVERVIEW, FL 33569 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Hill & Company CPA, P.A. Suite, Apt. #, etc. 1318 Lafayette St. City & State Cape Coral, Florida Zip 33904 Country USA	
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6. Name and Address of Current Registered Agent KIRK, TOMAS B 10877 NEWBRIDGE DRIVE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Skains, Monika Street Address (P.O. Box Number is Not Acceptable) 6121 Shirley Ave City Gibsonton FL Zip Code 33534	
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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  Skains, Monika 3-18-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$377.50</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMAS, KIRK B 10877 NEWBRIDGE DRIVE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICHARD, LEHMANN 10877 NEWBRIDGE DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Richard Lehmann	3-18-08	239-549-2444
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

**FILED**

08 MAY -1 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03182008 REIN-LLC CR2E101 (1/07)

4. FEI Number 208354931 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**REINSTATEMENT**  
2007-2008