

DOCUMENT# L06000120952

Entity Name: SUNCOAST INSURANCE INSPECTIONS, LLC

New Principal Place of Business:

625 COURT STREET, SUITE 200
C/O J. MATTHEW MARQUARDT
CLEARWATER, FL 33756

New Mailing Address:

625 COURT STREET, SUITE 200
C/O J. MATTHEW MARQUARDT
CLEARWATER, FL 33756

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of New Registered Agent:

MARQUARDT, J. MATTHEW
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: RUPPEL, CHRISTIAN
Address: P.O. BOX 1669
City-St-Zip: CLEARWATER, FL 33757

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTIAN RUPPELL

MGR

02/12/2007

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