

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059379

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST OF FLORIDA INVESTIGATION LLC

**Current Principal Place of Business:**

425 N CITRUS AVENUE  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 849  
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number:** 26-0295909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARGREAVES, JOHN H  
2120 NW 16TH ST  
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

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:**

**Title:** MGR  
**Name:** HARGREAVES, JOHN H  
**Address:** 2120 NW 16TH ST  
**City-St-Zip:** CRYSTAL RIVER, FL 34428

**Title:** MGRM  
**Name:** HARGREAVES, CHARLOTTE G  
**Address:** 2120 NW 16TH ST  
**City-St-Zip:** CRYSTAL RIVER, FL 34428

I hereby 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:** CHARLOTTE G HARGREAVES

MGRM

03/21/2011

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