

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126445

FILED
Feb 20, 2009
Secretary of State

Entity Name: SUNCOAST ASSEMBLERS, LLC

Current Principal Place of Business:

2114 BELLE ISLE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

2114 BELLE ISLE AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-1588650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UMPIERRE, MANUEL A
2114 BELLE ISLE AVENUE
ORLANDO, FL 32809 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: P () Delete
Name: UMPIERRE, MANUEL A
Address: 2114 BELLE ISLE AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: P () Delete
Name: HAYS, STEVEN L
Address: 113 FRANCES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 21714

Title: T () Delete
Name: CUMBUS UMPIERRE, TRACY L
Address: 2114 BELLE ISLE AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TRACY L. CUMBUS UMPIERRE

T

02/20/2009

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