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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

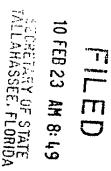
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D. BRUCE

FEB 24 2010

EXAMINER



February 15, 2010

DAVID DWINELL S.A.M.S 5792 STAG THICK LANE PALM HARBOR, FL 34685

SUBJECT: SUNCOAST ASSOCIATION MANAGMENT SERVICES LLC

Ref. Number: L10000009616

We have received your document for SUNCOAST ASSOCIATION MANAGMENT SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 810A00003719

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JECRETARY OF STATE
TALLAHASSEF FIGURE.

COVER LETTER

TO: Registration S Division of Co							
SUBJECT:	ncoast as	ACIATION A	JANAGEMEN Company	hr 59	2VICE	5	
	Name o	of Limited Liability	Company	5.4.1	<u>u.s</u> .		
Dear Sir or Madam:							
The enclosed Articles of	of Correction and fee(s) a	re submitted for fili	ıg.				
Please return all corres	pondence concerning this	s matter to the follow	ving:				
DAVID	DWINEL						
	Name of Person						
.a.2	M.S.			•		٠	
	Firm/Company				•	•	,.
5192 31	6 THICKET	LANE					
	Address						
PALM H	HEBOR PL	34685				10 F	
Thedwine	City/State and Zip Code		n)	1 i i i i	TETARY OF S	EB 23 AH (
For further information	concerning this matter,	please call:		٠	TATE ORIDA	6.1.9	ب
PAVID D	NINELL	at (727	<u> 773-96</u>	82			
Name	e of Person	Area	Code & Daytime Telep	ohone Numbe	r -		~
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	ion orations			
Enclosed is a check fo	r the following amount	!					
\$25 Filing Fee [\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	Certificate of	of Status &			
CR2E062 (08/05)		11.25 Balan See enclos exter.	el				
		exter.	•				

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST:	The name of the limited liability company is: SUCCOPST \$55	OCIATION SERVES
SECON:		
(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u>FATEMENT</u>
	ontains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:	itement is
	TITLE OF CONFORM MISSIFELLED: "MANAGUENT	" on
	FILING DOCUMENT.	
	SHOULD BE: "MANAGENET"	
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<u>C</u>	<u>PR</u>	
	Vas defectively signed. The manner in which the document was defective	ly signed and
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) 14.49 17.47E 0RID
Dated: _		A G
	-W	
	Signature of a member or authorized representative of a member	•
	DAVID DWINEL	
	Typed or printed name of signee	
	Filing Fee: \$25.00	•
	Certified Copy: \$30.00 (optional)	
CR2E062 (0	08/05) ALBERT SUBMITTED \$47.75	

Electronic Articles of Organization For Florida Limited Liability Company

L10000009616 FILED 8:00 AM January 27, 2010 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is:
SUNCOAST ASSOCIATION MANAGMENT SERVICES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

5792 STAG THICKET LANE PALM HARBOR, FL. 34685

• • • • •

The mailing address of the Limited Liability Company is:

5792 STAG THICKET LANE PALM HARBOR, FL. 34685

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

DAVID J DWINELL 5792 STAG THICKET LANE PALM HARBOR, FL. 34685

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DAVID J DWINELL

Article V

The name and address of managing members/managers are:

Title: MGR DAVID J DWINELL 5792 STAG THICKET LANE PALM HARBOR, FL. 34685

Signature of member or an authorized representative of a member Signature: DAVID J DWINELL

L10000009616 FILED 8:00 AM January 27, 2010 Sec. Of State jbryan