

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029292

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** SUNLIT COVE HEALTHCARE CONSULTANTS, LLC

**Current Principal Place of Business:**

336 89TH AVENUE NORTH  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

336 89TH AVENUE NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 27-5486627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INTRAVICHIT, LORI  
336 89TH AVENUE NORTH  
ST. PETERSBURG, FL 33702 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:** MRS  
**Name:** INTRAVICHIT, LORI A  
**Address:** 336 89TH AVE NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33702

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:** LORI INTRAVICHIT

MRS

02/29/2012

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