DOCUMENT # L9700000945					American programme			
1. Entity Nam		000945			•			
SUNC	oast marketing partner	S, L.C.		F	ILED			,
Principal Plac	on of Business	Mailing Address		─ 01 AU	3 27 PM 12: 17		~ <u>.</u>	:
Principal Place of Business 1286 CORDOVA BLVD. NE		1286 CORDOVA BLVD. NE		SECRÉT	ARY OF STATE			,
	BURG FL 33704	ST. PETERSBURG FL 337		TALLAH	ASSEE, FLORIDA		**	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	•	
City & State		City & State		4. FEI Numb	er 59-3465392		pplied For ot Applicable]
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$5.00 Ad	ditional :	1
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered			{′
			Name]
MUTZL, ROBERT E 1286 CORDOVA BLVD. NE ST. PETERSBURG FL 33704			Street Addre	ess (P.O. Box Numb	er is Not Acceptable)			
31	. PETEROBURG FL 33/04		-					
			City		FI	L Zip Cod	le	
8. The above	named entity submits this statement fo	r the purpose of changing its r	registered office or regi	istered agent, or bo	th, in the State of Florida.			
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Desistant Assessing					
			: Registered Agent signature red	quired when reinstating)	DATE			4
•		FILE NO	W!!! FEE IS \$50.0	. 00	DATE			
		FILE NO Make Check Pay		00 nt of State	DATE			
9.	MANAGING MEMBE	FILE NO Make Check Pay Due By	OW!!! FEE IS \$50.0 yable to Departmen	00 nt of State	ADDITIONS/CHANGE	s	>	
TITLE	MEM	FILE NO Make Check Pay Due By	DW!!! FEE IS \$50.0 yable to Departmen September 26, 200	00 nt of State	ADDITIONS/CHANGE	☐ Channe	Addition	(01)
TITLE NAME	MEM MUTZL, ROBERT E	FILE NO Make Check Pay Due By RS/MANAGERS	DW!!! FEE IS \$50.0 yable to Departmen September 26, 200	00 nt of State	ADDITIONS/CHANGE	Change	1	3 (5/01)
TITLE	MEM MUTZL, ROBERT E 1286 CORDOVA BLVD. NE	FILE NO Make Check Pay Due By RS/MANAGERS	DW!!! FEE IS \$50.0 yable to Departmen September 26, 200	00 nt of State	ADDITIONS/CHANGE	Change 2 840 - 01103	—— 1 014	2E083 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MUTZL, ROBERT E	FILE NO Make Check Pay Due By RS/MANAGERS	DW!!! FEE IS \$50.0 yable to Departmen September 26, 200 10. TITLE NAME STREET ADDRESS	00 nt of State	additions/change 00004562 -08/29/01	Change 2 840 - 01103	—— 1 014	CR2E083 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MEM MUTZL, ROBERT E 1286 CORDOVA BLVD. NE	FILE NO Make Check Pay Due By RS/MANAGERS Delete	DW!!! FEE IS \$50.0 yable to Department September 26, 200 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	00 nt of State	additions/change 00004562 -08/29/01	□ Change 2 3 4 □ - 01103 *****	1 014 50.00	CR2E083 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MUTZL, ROBERT E 1286 CORDOVA BLVD. NE	FILE NO Make Check Pay Due By RS/MANAGERS Delete	DW!!! FEE IS \$50.0 yable to Department September 26, 200 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	00 nt of State	additions/change 00004562 -08/29/01	□ Change 2 3 4 □ - 01103 *****	1 014 50.00	CR2E083 (5/01)
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

6-29-01 (27) 550-0654