

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000945

1. Entity Name
SUNCOAST MARKETING PARTNERS, L.C.



Principal Place of Business
**1286 CORDOVA BLVD. NE
ST. PETERSBURG, FL 33704**

Mailing Address
**1286 CORDOVA BLVD. NE
ST. PETERSBURG, FL 33704**

DO NOT WRITE IN THIS SPACE



02162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3465392

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUTZL, ROBERT E
1286 CORDOVA BLVD. NE
ST. PETERSBURG, FL 33704**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**U00000092654
03/19/04-80017-016 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
MUTZL, ROBERT E
1286 CORDOVA BLVD. NE
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert E Muzl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-16-04 727 550-0654

Date

Daytime Phone #