

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90055 043 \*\*\*150.00

**DOCUMENT # L99000006226**

1. Entity Name  
**THE ULTIMATE CONNECTION, L.C.**



Principal Place of Business  
**18215 PAULSON DR.  
PORT CHARLOTTE, FL 33954**

Mailing Address  
**200 EAST VENICE AVENUE  
VENICE, FL 33980**

**DO NOT WRITE IN THIS SPACE**



04242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-0950738**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WALROND, ALAN L  
200 EAST VENICE AVENUE  
VENICE, FL 34285**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SUN COAST MEDIA GROUP, INC.  
200 EAST VENICE  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DUNN-RANKIN, DEREK  
200 E VENICE AVE  
VENICE, FL 34285**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WALROND, ALAN L  
200 E VENICE AVE  
VENICE, FL 34285**

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 exemptions contained in Chapter 119, 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:**

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

**Alan L. Walrond** 4-24-07 (941) 207-1607

Date

Daytime Phone #