

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000004099

1. Entity Name
SUNCOAST LIFE STYLES, LLC



Principal Place of Business
**100 ATLANTA TECHNOLOGY CENTER, STE 200
1575 NORTHSIDE DR, NW
ATLANTA, GA 30318**

Mailing Address
**100 ATLANTA TECHNOLOGY CENTER, STE 200
1575 NORTHSIDE DR, NW
ATLANTA, GA 30318**

FILED

2007 APR -5 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0842679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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
**MGR
MEYER, ROB
1575 NORTHSIDE DR NW #200
ATLANTA, GA 30318**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

VOID
04/03/07 80000-016 150.00

100096512991
04/11/07--01043--012 **50.00

**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

Date _____

Daytime Phone # _____