

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000078601

**Entity Name:** SUNCOAST INVESTMENT GROUP OF HERNANDO COUNTY, LLC

**FILED**  
**Mar 13, 2015**  
**Secretary of State**  
**CC4944621203**

**Current Principal Place of Business:**

412 EAST TARPON AVE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

412 EAST TARPON AVE  
TARPON SPRINGS, FL 34689

**FEI Number: 20-1888013**

**Certificate of Status Desired: No**

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

BURKE, ROBERT CJR.  
412 EAST TARPON AVE  
TARPON SPRINGS, FL 34689 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	KIMPTON, WILLIAM J	Name	BURKE, ROBERT C JR
Address	605 PA,M BLVD STE B	Address	412 E TARPON AVE
City-State-Zip:	DUNDIN FL 34698	City-State-Zip:	TARPON SPRINGS FL 34689
Title	MGR		
Name	CAVALARIS, MICHAEL		
Address	PO BOX 612		
City-State-Zip:	PALM HARBOR FL 34682		

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT C BURKE JR**

**MGR**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date