

2003 LIMITED LIABILITY COMPANY UNIFORM BUSIN... 20001898

DOCUMENT # L02000001898

1. Entity Name  
SUNNY OAKS FARM, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -8 AM 9:23

Principal Place of Business: 1708 ONONDAGA DR. GENEVA FL 32732  
Mailing Address: 1708 ONONDAGA DR. GENEVA FL 32732

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: 90-0003173 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
YOUNG, DON H  
1708 ONONDAGA DR.  
GENEVA FL 32732

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	DON H. YOUNG
CITY-ST-ZIP	1708 ONONDAGA DR. GENEVA, FL 32732

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM
STREET ADDRESS	MELISSA L. YOUNG
CITY-ST-ZIP	1708 ONONDAGA DR. GENEVA, FL 32732

200023672492  
10/09/03--01070--015 \*\*155.00

11. I hereby certify that the information supplied with this filing 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: SIGNATURE REQUIRED 10/8/03 407-349-5892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)

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