2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Secretary of State 04-21-2003 90133 024 ****50.00 DOCUMENT # L02000029738 SUNNY MORTGAGE LLC BACCCULL Principal Place of Business Mailing Address 2220 N CYPRESS BEND DRIVE. #107 2220 N CYPRESS BEND DRIVE, #107 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 06-1657055 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GADDAH, SUMIT Street Address (P.O. Box Number is Not Acceptable) 2220 N CYPRESS BEND DRIVE, #107 POMPANO BEACH FL 33069 City 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. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Divector TITLE Addition CR2E083 (10/02 TITLE Change NAME NAME Cypress Bend Drive . #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach, FL, 33069 Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-78 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P OTY-ST-719 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 trusted empowered to execute this people as required by Chapter 608. Florida Statutes.

SUMIT

REQUIRED

RE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 05, 2003 8:00 am

754-234-6753

Daytime Phone (

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