2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L06000002051

Entity Name: SONNYVILLE PUNCHOUT SPECIALISTS, LLC

Current Principal Place of Business:

1748 E. SMUGGLERS COVE DRIVE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1748 E. SMUGGLERS COVE DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 20-4051888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIDALGO, EVERISTE T III
1748 E. SMUGGLERS COVE DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HIDALGO, CHERI L
Address: 1748 E. SMUGGLERS COVE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HIDALGO, EVERISTE T III
Address: 1748 E. SMUGGLERS COVE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: EVERISTE T. HIDALGO III MGR 04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date