

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000149587

**Entity Name:** 508 MORE-SUN, LLC

**Current Principal Place of Business:**

1161 HILLSBORO MILE  
APT. 508  
HILLSBORO BEACH, FL 33062

**Current Mailing Address:**

15185 SOUTH SHORE DR.  
TOWNSHIP RD 412  
THORNVILLE, OH 43076 US

**FEI Number:** 81-6779116

**Certificate of Status Desired:** No

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

W. RODGERS MOORE, P.A.  
1460 N.W.1ST AVE  
SUITE 58  
BOCA RATON, FL 33431 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 MGRM  
Name GRAHAM, LINDA M  
Address 708 WINGATE DR  
City-State-Zip: PITTSBURGH PA 15205

Title MGRM  
Name MASON, CATHY M  
Address 15185 SOUTH SHORE DR.  
TOWNSHIP RD 412  
City-State-Zip: THORNVILLE OH 43076

Title MGR  
Name MASON, CATHY C  
Address 15185 SOUTH SHORE DR.  
TOWNSHIP RD 412  
City-State-Zip: THORNVILLE OH 43076

*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:** MASON, CATHY M

**MANAGER**

**02/16/2022**

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

\_\_\_\_\_  
Date