

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000281025

**Entity Name:** SUN CHASERS, LLC

**Current Principal Place of Business:**

500 OVERLAND TRAIL  
BELVIDERE, IL 61008

**Current Mailing Address:**

500 OVERLAND TRAIL  
BELVIDERE, IL 61008 US

**FEI Number:** 85-3048451

**Certificate of Status Desired:** No

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

RIDDLE, KEN  
5310 BAYVIEW DRIVE  
FORT LAUDERDALE, FL 33308 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 AMBR  
Name KAEMPFER, MELISSA  
Address 500 OVERLAND TRAIL  
City-State-Zip: BELVIDERE IL 61008

Title AMBR  
Name KAEMPFER, CHAD  
Address 500 OVERLAND TRAIL  
City-State-Zip: BELVIDERE IL 61008

Title AMBR  
Name DEWEERDT, STACEY  
Address 5270 BIRCH BARK DRIVE  
City-State-Zip: HOFFMAN ESTATES IL 60192

Title AMBR  
Name DEWEERDT, JEFFREY  
Address 5270 BIRCH BARK DRIVE  
City-State-Zip: HOFFMAN ESTATES IL 60192

Title AMBR  
Name CO-TRUSTEE EDWARD ERICKSON  
FOR THE ERICKSON FAMILY TRUST  
U/A DATED 7/23/2008  
Address 3560 THYME DRIVE  
City-State-Zip: ROCKFORD IL 61114

Title AMBR  
Name CO-TRUSTEE REBECCA ERICKSON  
FOR THE ERICKSON FAMILY TRUST  
U/A DATED 7/23/2008  
Address 3560 THYME DRIVE  
City-State-Zip: ROCKFORD IL 61114

*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:** MELISSA KAEMPFER

**MEMBER**

**01/05/2022**

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

\_\_\_\_\_  
Date