

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000008043

Entity Name: SUNNY SANDPIPER, LLC

Current Principal Place of Business:

1340 N DOUSMAN RD
OCONOMOWOC, WI 53066

Current Mailing Address:

1227 CORPORATE CENTER DRIVE STE 200
OCONOMOWOC, WI 53066 US

FEI Number: 85-1432652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROCK, CAROL
1549 SANDPIPER #82
NAPLES, FL 34102 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 M
Name SCHOBER, T MICHAEL
Address W148S6774 GOLDEN COUNTRY DR
City-State-Zip: MUSKEGO WI 53150

Title M
Name SCHOBER, JOHN C
Address 5840 S VISTA DRIVE
City-State-Zip: NEW BERLIN WI 53146

Title M
Name SCHOBER, THOMAS G
Address 1340 N DOUSMAN ROAD
City-State-Zip: OCONOMOWOC WI 53066

Title M
Name SCHOBER, STEPHEN S
Address 2163 NEWBERRY LANE
City-State-Zip: DELAVAN WI 53115

Title M
Name KINOSIAN, SUSAN S
Address 1815 N 72ND ST
City-State-Zip: WAUWATOSA WI 53213

Title M
Name LEFAIVRE, MARILYN E
Address 8140 WOODLAND AVENUE
City-State-Zip: WAUWATOSA WI 53213

Title MEMBER
Name CARNAHAN, LAURIE ANN
Address 14190 W NORTH OAK BLVD
City-State-Zip: NEW BERLIN WI 53151

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: THOMAS SCHOBER

MANAGER

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date