

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003286

1. Entity Name:
SUNNY SERVICES, L.L.C.

Principal Place of Business

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

Mailing Address

~~2198 MAIN STREET~~
~~SARASOTA FL 34237~~

2. Principal Place of Business

2713 9th Street W

Suite, Apt. #, etc.

3. Mailing Address

1318 Lafayette St.

Suite, Apt. #, etc.

City & State

Lehigh Acres

City & State

Cape Coral

4. FEI Number

applied for

Applied For

Not Applicable

Zip

33971

Country

Florida

Zip

FL

Country

33904

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER

2198 MAIN STREET

SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

HILL, THOMAS W.

Street Address (P.O. Box Number is Not Acceptable)

1318 LAFAYETTE ST

City

CAPE CORAL

FL

Zip Code

33904

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.

SIGNATURE

Thomas W. Hill

Thomas W. Hill

4-17-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTFRUCHT, RALF
HOCHSTR. 4
64546 MOERFELDEN GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTFRUCHT, ELU
HOCHSTR. 4
64546 MOERFELDEN GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800004194108--1
-05/10/01--01113--007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
HILL, THOMAS W.
1318 LAFAYETTE ST
CAPE CORAL, FL 33904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas W. Hill

Thomas W. Hill

4-17-01

941-549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)