

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90214 008 ****50.00

DOCUMENT # L00000003286

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

Principal Place of Business

**2713 9TH ST. W.
 LEHIGH ACRES FL 33970-1631**

Mailing Address

**1318 LAFAYETTE ST.
 CAPE CORAL FL 33904**

966242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, THOMAS W
 1318 LAFAYETTE ST.
 CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name

J. Nathan Stout

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

403 Joan Ave Ste D.

City

Lehigh Acres

FL

Zip Code

33971

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 15, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE **MGR** ☒ Delete
 NAME **HILL, THOMAS W**
 STREET ADDRESS **1318 LAFAYETTE ST.**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2713 9th St. W.**
 CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2713 9th St. W.**
 CITY-ST-ZIP **Lehigh Acres FL 33971**

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

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

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:

SIGNATURE OF ELLI GUTFRUCHT

04-17-02

941-303-2803

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

Date

Daytime Phone #

CF2E083 (9/01)