FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90088 001 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30067400

DOCUMENT # L00000003286

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

Principal Place of Business	Mailing Address
2713 9TH ST. W. LEHIGH ACRES, FL 33970-1631	PO BOX 1631 LEHIGH ACRES, FL 33970

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0992279 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOUT, JONATHAN 403 JOAN AVE. STE D LEHIGH ACRES, FL 33971	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE AGAIN! FEE IS $50.00
Make Check Payable to Florida Department of State
Date: May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTFRUCHT, RALF 2713 9TH ST. W LEHIGH ACRES, FL 33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTFRUCHT, ELLI 2713 9TH ST. W LEHIGH ACRES, FL-33971 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, THOMAS W 1318 LAFAYETTE ST. CAPE CORAL, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
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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: Elli Gutfrucht MGRM/VP 04-28-03 239-303-2803
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM/MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #