

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90041 047 \*\*\*\*50.00

**DOCUMENT # L00000004285**

1. Entity Name

SUN.MOTORS OF THE PALM BEACHES LLC



Principal Place of Business

5139 LAKE WORTH RD  
LAKE WORTH FL 33463

Mailing Address

13833 E-4 WELLINGTON TRACE  
WELLINGTON FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

13833 E-4 Wellington Trace

Suite, Apt. #, etc.

#229

City & State

Wellington FL

Zip

33414

Country

Palm Beach

4. FEI Number

65-0996054

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

Name

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

City

FL

Zip Code

**X** MUCCI, ALBERT  
15783 CYPRESS PARK DRIVE  
WELLINGTON FL 33414

8040 Inagua Lane  
Wellington FL  
33414

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE - MGR ☐ Delete  
NAME - MUCCI, ALBERT J  
STREET ADDRESS - 15535 SUNWARD DR  
CITY-ST-ZIP - WELLINGTON FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 - MGR ☒ Change ☐ Addition  
NAME - mucci, Albert J.  
STREET ADDRESS - 8040 Inagua Lane  
CITY-ST-ZIP - Wellington, FL 33414

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

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

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

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

*Albert J. Mucci*

3/4/04

561-351-7566

Date

Daytime Phone #