

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90043 038 \*\*\*\*\*50.00

0076318

**DOCUMENT # L00000004285**

1. Entity Name

**SUN MOTORS OF THE PALM BEACHES LLC**



Principal Place of Business

1100 N. FLOIRDA MANGO RD.. STE. H  
WEST PALM BEACH FL 33409

Mailing Address

1100 N. FLOIRDA MANGO RD.. STE. H  
WEST PALM BEACH FL 33409

2. Principal Place of Business

**5139 Lake Worth Rd.**

3. Mailing Address

**13833 E-4 Wellington Trace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#229**

City & State

**Greenacres FL**

City & State

**Wellington FL**

Zip

**33463**

Country

**Palm Beach**

Zip

**33414**

Country

**Palm Beach**

4. FEI Number

**65-0996054**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR MUCCI, ALBERT J** ☐ Delete  
STREET ADDRESS **15783 CYPRESS PARK DRIVE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGR Mucci, Albert J.** ☒ Change ☐ Addition  
STREET ADDRESS **15535 Sunward Dr.**  
CITY-ST-ZIP **Wellington FL 33414**

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

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**  
**Albert J. Mucci**

**4-21-03**

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

Date

Daytime Phone #

CR2E083 (10/02)