

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90043 039 ****50.00

0028389

DOCUMENT # L00000004286

1. Entity Name

SUN CREDIT SERVICES LLC



Principal Place of Business

**216 N. MILITARY TRAIL
WEST PALM BEACH FL 33415**

Mailing Address

**15783 CYPRESS PARK DRIVE
WELLINGTON FL 33414**

2. Principal Place of Business

5139 Lake Worth Rd.

3. Mailing Address

13 833 E-4 Wellington Trace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#209

City & State

Greenacres FL

City & State

Wellington FL

Zip

33463

Country

Palm Beach

Zip

33414

Country

Palm Beach

6. Name and Address of Current Registered Agent

**MUCCI, ALBERT J
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

4. FEI Number

65-0996055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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 **15535 Sunward Drive**
CITY-ST-ZIP **Wellington FL 33414**

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

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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: **SIGNATURE REQUIRED** **Albert J. Mucci**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-21-03

Date

Daytime Phone #

CR2E083 (10/02)