

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -7 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006846

1. Entity Name
SUNNY ISLES LLC

Principal Place of Business
204 E. JOPPA ROAD
PH THREE
TOWSON MD 21204

Mailing Address
204 E. JOPPA ROAD
PH THREE
TOWSON MD 21204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
204 EAST JOPPA RD

3. Mailing Address
204 EAST JOPPA RD

Suite, Apt. #, etc.
PH # 5

Suite, Apt. #, etc.
PH # 5

City & State
TOWSON, MD

City & State
TOWSON, MD

4. FEI Number
52-2241454

Applied For
Not Applicable

Zip
21286

Country
USA

Zip
21286

Country
USA

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

MCMANUS SR, WALTER L
1766 NORTH WEST HARBOR PLACE
STUART FL 34994

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
WALTER L. MCMANUS, SR
1766 NORTH WEST HARBOR PLACE
STUART, FL 34994

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
WALTER L. MCMANUS, JR
204 E. JOPPA ROAD, PH #5
TOWSON, MARYLAND 21286

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300004367809-4
-06/06/01 -01068-028
*****50.00 *****50.00

TITLE
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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: WALTER L. MCMANUS, JR.

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

Date

Daytime Phone #

410-825-7737