

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007566

1. Entity Name
SUMMERLEY PROPERTIES, LLC



Principal Place of Business
**315 BREVARD AVENUE, SUITE 5
COCOA, FL 32922**

Mailing Address
**315 BREVARD AVENUE, SUITE 5
COCOA, FL 32922**



DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3658310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUNDIN, GLENN T
335 SOUTH PLUMOSA STREET, SUITE A
MERRITT ISLAND, FL 32952**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCCOIG, RALPH J
315 BREVARD AVE., SUITE 5
COCOA, FL 32922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAMBLIN, LEONARD W
6845 HUNDRED ACRE DR.
COCOA, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000318902
04/20/05-80076-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ralph McCoig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-14-05 321-633-5655
Date Daytime Phone #