

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000008253 | |
| 1. Entity Name SUN GULF REAL ESTATE SERVICES, L.L.C. | |
| Principal Place of Business 31564 US 19 NORTH PALM HARBOR, FL 34684 | Mailing Address 31564 US 19 NORTH PALM HARBOR, FL 34684 |



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUJU, MICHAEL J
31564 US 19 NORTH
PALM HARBOR, FL 34684**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------|
| TITLE | MGRM |
| NAME | GUJU, MICHAEL J |
| STREET ADDRESS | 31564 US HWY. 19 NORTH |
| CITY- ST- ZIP | PALM HARBOR, FL 34684 |

| | |
|----------------|--|
| 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 | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #