

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-16-2002 90093 012 *****55.00

DOCUMENT # L01000001994

1. Entity Name

SUNNY SOUTH RESORTS, LLC

Principal Place of Business

4311 W. IRLO BRONSON
KISSIMMEE FL 34786

Mailing Address

4311 W. IRLO BRONSON
KISSIMMEE FL 34786

13769

2. Principal Place of Business

4311 W. HIGHWAY 192

3. Mailing Address

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

4. FEI Number

59-3698798

Applied For

Not Applicable

Zip

34746-6315

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LABRET, STEVEN M
226 HILLCREST ST.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name A. J. MANGHNANI

Street Address (P.O. Box Number is Not Acceptable)

4311 W. HIGHWAY 192

City KISSIMMEE

FL

Zip Code

34746-6315

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

A. J. Manghnani

1-7-2002

Signature, typed or printed name of registered agent and site if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MANGHNANI, ASHOK J
STREET ADDRESS 6500 CARRIER DR.
CITY-ST-ZIP ORLANDO FL 32819-8200 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME A. J. MANGHNANI
STREET ADDRESS 4311 W. HIGHWAY 192
CITY-ST-ZIP KISSIMMEE FL 34746-6315 ☐ Change ☒ Addition

TITLE MGRM
NAME GOVINDRAM JARANI
STREET ADDRESS 4311 W. HIGHWAY 192
CITY-ST-ZIP KISSIMMEE FL 34746-6315 ☐ Change ☒ Addition

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

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

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

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

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:

A. J. MANGHNANI

1-7-2002

407-396-7100

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

Date

Daytime Phone #

(A. J. MANGHNANI)

CR2E083 (9/01)