

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000009775

1. Entity Name
SUN-RICH, LLC



Principal Place of Business
**1500 SOUTH DIXIE HWY
STE 200
CORAL GABLES FL 33146**

Mailing Address
**PO BOX 489
PERU IL 61354**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **37-1418056**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FLETCHER, PAUL G
BANK OF AMERICA BUILDING
1500 SOUTH DIXIE HWY STE #200
CORAL GABLES FL 33146**

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. 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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **NEECE SR, WILLIAM M**
STREET ADDRESS **960 CAPE MARCO DRIVE UNIT #1102**
CITY- ST- ZIP **MARCO ISLAND FL 33145**

TITLE **ST** ☐ Delete
NAME **HURLEY, PAMELA J**
STREET ADDRESS **910 PROSPECT AVENUE**
CITY- ST- ZIP **PERU IL 61354**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **000000299794**
CITY- ST- ZIP **04/11/05-80124-001 50.00**

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

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

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

SECRETARY

4/8/05

815-223-0141

Date

Daytime Phone #