2002 HNIEODM BHS		INESS REPORT (UBR)		4/9/ FILED Jun 18, 2002 8:00 am	
,	MENT # L01000	·	111 (0511)	Secretary of State	
1. Entity Narr	ne	V10000		04-09-2002 90047 038 ****50.00	
SUNHIS	SE LANDINGS, LLC				
Bringing! Blog	on of Puringer	Mailing Address			
Principal Place of Business 8015 MARINA DRIVE		8015 MARINA DRIVE		93383	
HOLMES BEA	CH FL 34217	HOLMES BEACH FL 34217	•		
				I FARRICKI BIL ABIAR IZTI BODI DANK BODI BODI NERO SINA IZTIR SIRA SIKA IZTI	
2. Principal F	Place of Business Drive	3. Mailing Address		T (FORTIOL) BY, BEFOR 1/01% BOLLY BRAIL BEAL ORAN (1860 BAYAL BEAR 1860) BAYAL BIRAL BARA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable	
Zip 747	US A	Zip	Country	5. Certificate of Status Desired Space Spa	
	6. Name and Address of Current	Registered Agent	Name_:	7. Name and Address of New Registered Agent	
GREENE, ROBERT F ESQ. 1301 SIXITH STREET W. SUITE 400			Street Addre	SS (P.O. Box Number is Not Acceptable)	
			8012	Marina Isles	
BRADENTON FL 34205			City 1 1 1	O / El Zip Coda	
. The state of		- the survey of changing he	Holi	mes Beach FL Zip Code 3 13 17 istered agent, or both, in the State of Florida.	
	a named entity submits this statement is	or the purpose of changing its		State agent, or boar, in the state of Portal.	
SIGNATURE	Signature, typed of printed name of registered agent	and the I applicable. (NOTE	: Registered Agent signature rec	quired when reinstating) OATE	
	,	Make Check Pay	WIII FEE IS \$50.0 yable to Departmen		
	MANIA CINIO MENCINO		By May 1, 2002	ADDITIONS (CHANGES	
9. TITLE	MANAGING MEMBI	:HS/MANAGERS	TITLE	ADDITIONS/CHANGES	
NAME STREET ADDRESS	John E. Belsito	•	NAME Street address	☐ Change ☐ Addition ☐ SS	
CITY-SI-ZIP	Holmes beach, F		CITY-ST-ZIP		
TITLE NAME		Delete	TITLE Name	☐ Change ☐ Addition ☐	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME SIREET ADDRESS		
CITY-ST-ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition !	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	•	
CITY-ST-ZIP			CITY-\$T-ZIP		
TITLE "		De/ete	TITLE Name	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST: ZIP	•		STREET ADDRESS CITY-ST-ZIP		
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have the	the exemption stated in ne same legal effect as	Section 119.07(3)(I), Florida Statutes, I further certify that the information if made under oath; that I am a managing member or manager of the hapter 608. Florida Statutes.	