

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000017273

1. Entity Name
SUMNER & FRANCISE HOLDINGS, LLC



Principal Place of Business

104 N. EVERS STREET
SUITE 202
PLANT CITY, FL 33563

Mailing Address

104 N. EVERS STREET
SUITE 202
PLANT CITY, FL 33563



02092005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3753322

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
106 SOUTH TAMPANIA AVENUE, SUITE 200
TAMPA, FL 33609

**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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FRANCISE, NAHEEM
409 LUTIE DRIVE
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SUMNER, RONNIE
3807 S NINE DRIVE
VALRICO, FL 33594

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

000000230632
02/15/05-80050-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #