2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000017273

1. Entity Name SUMNER & FRANCISE HOLDINGS, LLC



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

104 N. EVERS STREET SUITE 202

104 N. EVERS STREET SUITE 202

PLANT CITY, FL 33563

NAME STREET ADDRESS

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

CRY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP PLANT CITY, FL 33563



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01052007 No Chg-LLC

CR2E083 (11/05)

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

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	named entity submits this statement for the purpose of char- tions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep	ot
SIGNATURE_	Signature, typed or printed name of registered agent and title 1 applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2007		02/09/07-80054-024 50.00	
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				

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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: V Daleam M. Francis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/1/07

813-752-4197

Daytime Phone #