

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000196

Entity Name: SUN PACKAGING, LLC

FILED  
Jan 13, 2011  
Secretary of State

**Current Principal Place of Business:**

4725 SHINNECOCK HILLS CT. #202  
NAPLES, FL 34112

**New Principal Place of Business:**

4725 SHINNECOCK HILLS CT.  
#202  
NAPLES, FL 34112

**Current Mailing Address:**

4725 SHINNECOCK HILLS CT. #202  
NAPLES, FL 34112

**New Mailing Address:**

4725 SHINNECOCK HILLS CT.  
#202  
NAPLES, FL 34112

FEI Number: 01-0574762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOKFISZ, THADDEUS J  
4725 SHINNECOCK HILLS CT. #202  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

STOKFISZ, THADDEUS J  
4725 SHINNECOCK HILLS CT.  
#202  
NAPLES, FL 34112 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/13/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: STOKFISZ, FLORENCE K  
Address: 4725 SHINNECOCK CT #202  
City-St-Zip: NAPLES, FL 34112

Title: VP  
Name: STOKFISZ, THADDEUS J  
Address: 4725 SHINNECOCK CT #202  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: THADDEUS J. STOKFISZ

VP

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date