

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002125

1. Entity Name
SUN COUNTRY L.L.C.



Principal Place of Business
202 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32750

Mailing Address
TIMOTHY J. BATTLES
5104 SAPPHIRE DR
MARIETTA, GA 30068



08122004 No Chg-LLC CR2E0B3 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATAUSKAS, PETER
202 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32750

**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 resigning)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

000000170291
08/17/04 80001 020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BATTLES, TIMOTHY J
5104 SAPPHIRE DR
MARIETTA, GA 30068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

8-13-04

Date

Daytime Phone #