

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90043 008 \*\*\*\*50.00

**DOCUMENT # L02000004887**

1. Entity Name

SUNFI FINANCE & INSURANCE SERVICES, L.L.C.



Principal Place of Business

10001 TAMIAMI TRAIL  
NAPLES FL 34108

Mailing Address

10001 TAMIAMI TRAIL  
NAPLES FL 34108

2. Principal Place of Business

8891 Brighton Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#111

City & State

Bonita Springs Florida

City & State

Zip

34135

Country

USA

Country

4. FEI Number

01-0609866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALLARINO, JOSEPH  
10001 TAMIAMI TRAIL  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name Brandy Hunt

Street Address (P.O. Box Number is Not Acceptable)

8891 Brighton Lane

Suite #111

City Bonita Springs

FL

Zip Code

34135

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

*Brandy Hunt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/04

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete  
NAME WINFIELD & ASSOCIATES, INC  
STREET ADDRESS 10001 TAMIAMI TR. N.  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME Finance & Insurance Services LLC  
STREET ADDRESS #1 Country Club View Drive Suite 201  
CITY-ST-ZIP Edwardsville IL 62025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Patti L. Hensler*  
Patti L. Hensler

3/31/04

618-659-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #