

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90052 050 ****50.00

DOCUMENT # L02000010032

1. Entity Name

SUNNY FROGG PROPERTIES, LLC



Principal Place of Business

Mailing Address

**4815 NW 112TH
CORAL SPRINGS FL 33075**

**PO BOX 9562
CORAL SPRINGS FL 33075**



2. Principal Place of Business

3. Mailing Address

2600 OCEAN SHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORMOND BEACH, FL

4. FEI Number

02-0606291

Applied For

Not Applicable

Zip

Country

Zip

Country

32176

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENET, DANIEL M

4815 NW 112TH

CORAL SPRINGS FL 33075

Name

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

2600 OCEAN SHORE BLVD

City

ORMOND BEACH, FL

Zip Code

32176

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GENET, DANIEL M
PO BOX 9562
CORAL SPRINGS FL 33075**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

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

Date

Daytime Phone #

3/7/06 954-899-2170