

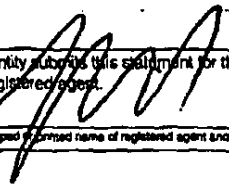
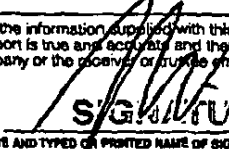
FILED
Jun 13, 2003 8:00 am
Secretary of State

05-02-2003 90570 031 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

57

44004339

DOCUMENT # L02000012855					
1. Entity Name SUN THERAPY, LLC					
Principal Place of Business 6358 MANOR LANE SOUTH MIAMI FL 33143			Mailing Address 6358 MANOR LANE SOUTH MIAMI FL 33143		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number Applied For				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KANE, STEVEN H 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND FL 32751			7. Name and Address of New Registered Agent Name JAMES SIEBEL Street Address (P.O. Box Number is Not Acceptable) 6358 MANOR LANE City S. MIAMI FL Zip Code 33143		
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: 		JAMES R. SIEBEL		DATE: 4/30/03	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME		10. ADDITIONS/CHANGES		
NAME	STREET ADDRESS		TITLE	NAME	
CITY-ST-ZIP	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
	JAMES SIEBEL			☐ Change ☐ Addition	
	6358 MANOR LANE				
	S. MIAMI, FL 33143				
	☐ Delete				
	STEVEN KANE			☐ Change ☐ Addition	
	557 N. WYMORE RD, # 100				
	MAITLAND, FL 32751				
	☐ Delete				
	JAMES SIEBEL			☐ Change ☐ Addition	
	4419 WOODFORD BLVD				
	BOLA RATO, FL 33143				
	☐ Delete				
	MARION GOLD			☐ Change ☐ Addition	
	2592 RACQUET CLUB PR.				
	PALM CITY, FL 34990				
	☐ Delete				
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 person or person empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		SIGNATURE REQUIRED		DATE: 4/30/03 305-667-1938	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					