

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90109 022 ****50.00

DOCUMENT # L02000014622

1. Entity Name

SUNKEY/SMITH, LLC



Principal Place of Business

**2705 EAST JEFFERSON ST.
ORLANDO FL 32803**

Mailing Address

**2705 EAST JEFFERSON ST.
ORLANDO FL 32803**

2. Principal Place of Business

**570 N. Orlando Ave
Suite, Apt. #, etc.
250**

3. Mailing Address

**570 N. Orlando Ave.
Suite, Apt. #, etc.
250**

City & State
Winter Park, FL

Zip
32789

Country
ORANGE

City & State
Winter Park, FL

Zip
32789

Country
ORANGE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE CENTER
1600 MIAMI CENTER (JGH)
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Stephen LANG

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

1385 Hibiscus Ave

City
Winter Park, FL

FL

Zip Code
32789

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 reinstating)

DATE

2-1-3

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
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Stephen LANG MGRM
1385 Hibiscus Ave
Winter Park FL 32789**

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ 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)(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 REQUIRED

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

Date

Daytime Phone #

President/MGRM 407 845-0555

CR2E083 (10/02)