

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015491

1. Entity Name
SUNPOINT, L.L.C.



FILED

04 JUL -9 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
226 NORTH DUVAL STREET
TALLAHASSEE, FL 32301

Mailing Address
226 NORTH DUVAL STREET
TALLAHASSEE, FL 32301



07022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3691295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHAGAN, RICHARD L.
6412 US HWY 41 N
APOLLO BEACH, FL 33572

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUDNICK, JAMES M
STREET ADDRESS	226 NORTH DUVAL STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	RICHARD AND JUDY PHAGAN
STREET ADDRESS	6412 U.S. HWY. 41 NORTH
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400039536234
07/26/04--01063--007 **150.00

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IN THIS SPACE**

FF \$50.00

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

Date

Daytime Phone #

7/6/04

850-671-1999