

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018384

1. Entity Name
SUNDERCO, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
150 SEVILLE CHASE DRIVE
WINTER SPRINGS, FL 32708

Mailing Address
150 SEVILLE CHASE DRIVE
WINTER SPRINGS, FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4205208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KURT FORREST BREWER, P.A.
301 E. PINE STREET SUITE 150
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Kurt Forrest Brewer, P.A.

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

400 W. Church St.

City Orlando

FL

Zip Code 32801

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

Kurt Forrest Brewer, President

4/24/03

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SUNDERMAN, ERIC J DR.
STREET ADDRESS 301 E. PINE STREET, SUITE 160
CITY-ST-ZIP ORLANDO, FL 32801

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 000017826220
STREET ADDRESS 05/01/03--01053--003
CITY-ST-ZIP **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

Kurt Forrest Brewer

Attorney & Authorized Representative

Date

4/24/03

Daytime Phone #

407 246 5253

CR2E083 (10/02)