

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0009372

DOCUMENT # L02000026862

1. Entity Name  
**SUN BREEZE HOLDINGS, L.C.**



**FILED**

03 APR -9 AM 7:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business

462 WEST 84TH STREET  
HIALEAH FL 33014

Mailing Address

462 WEST 84TH STREET  
HIALEAH FL 33014

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

04-3717524

Applied For

Not Applicable

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

**GILL, THOMAS**  
462 WEST 84TH STREET  
HIALEAH FL 33014

Name

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

City

**FL**

Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **DIR** ☐ Delete  
NAME **THOMAS GILL**  
STREET ADDRESS **P.O. BOX 54-6733**  
CITY-ST-ZIP **SURFSIDE FL 33154**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **000015549550**  
CITY-ST-ZIP **04/09/03--01025--018 \*\*50.00**

TITLE **DIR** ☐ Delete  
NAME **JOHN WARDEN**  
STREET ADDRESS **1073 SW 10 AV**  
CITY-ST-ZIP **Boca RATON FL**

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

TITLE **DIR** ☐ Delete  
NAME **DAVID SKINNER**  
STREET ADDRESS **3200 HIDDEN HOLLOW LN**  
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
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: **THOMAS GILL** **SIGNATURE REQUIRED**

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

4/4/03 (305) 820-0710  
Date Daytime Phone #

CR2E083 (10/02)