2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032408

1. Entity Name FLORIDASUN, LLC



FILED Apr 08, 2008 08:00 All Secretary of State

Principal Place of Business

8326 AUSTIN RD MELROSE, FL 32666 Mailing Address

3025 SE 171ST

HAWTHORNE, FL 32640



DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For Not Applied Solution of State of State Posted 5.00 Additional

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARLEY, RICHARD C JR 8326 AUSTIN ROAD MELROSE, FL 32666

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or r	registered agent, or	both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.		•	*
the obligations of registered agents			the second second

SIGNATURE

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

(NOTE, Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000886732 04/18/08-80070-002 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE KEARLEY, RICHARD C JR NAME 8326 AUSTIN ROAD STREET ADDRESS MELROSE, FL 32666 MGRM TITLE KEARLEY, MARY E NAME STREET ADDRESS 8326 AUSTIN ROAD MELROSE, FL 32666 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

SNATURE AND TYPED OR PRINTED NAME OF S

OF SIGNING MANAGING MEMBER, AT AUTHORIZED REPRESENTATIVE

4-4-18 (352) 481-3998

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