## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000033737

1. Entity Name SIESTA SUN, LLC



**FILED** Apr 11, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6484 COLLINGWOOD CIRCLE SARASOTA, FL 34238

6484 COLLINGWOOD CIRCLE SARASOTA, FL 34238



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
37-1452027	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAGGIANO, JOSEPH R 6484 COLLINWOOD CIR SARASOTA, FL 34238-5747

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-S1-ZIP

## DO NOT WRITE IN THIS SPACE

			. :
	named entity submits this statement for the purpose of chang tions of registered agent.	ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE	Signature, typed or printed name of registered agent and bite if applicable	(NOTE Registered Agent signature required when reinstaking)  OATE	
F D	iling Fee is \$50.00 ue by May 1, 2007		
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR BAGGIANO, JOSEPH 6484 COLLINGWOOD CIRCLE SARASOTA, FL 34238	LINONONEA9085	. ,
TITLE NAME STREET ADDRESS CHY-S1-ZIP		04/19/07-80028-016 50	I. OÚ
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE	
HITLE NAME STRLET ADDRESS CHY-ST-ZIP		IN THIS SPACE	
TITLE			

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

14-10-07