

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000014837**

1. Entity Name  
**SUGAR MILL, LLC**



Principal Place of Business  
**2307 9TH STREET EAST  
BRADENTON, FL 34208**

Mailing Address  
**2307 9TH STREET EAST  
BRADENTON, FL 34208**



04072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1664018**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VICKERS, LOREEN  
2307 9TH STREET EAST  
BRADENTON, FL 34208**

**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 \_\_\_\_\_

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

1100000887239  
04/21/08-80034-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	VICKERS, LOREEN MGRM
STREET ADDRESS	2307 9TH ST E
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	MGRM
NAME	VICKERS, WILLIAM MGRM
STREET ADDRESS	2307 9TH ST E
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	MGRM
NAME	HAYDEN, SHEILA MGRM
STREET ADDRESS	2307 9TH ST E
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Sheila Hayden* **SHEILA HAYDEN**

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

*4/7/08*

Date

*941-729-5400*

Daytime Phone #