

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000016979

1. Entity Name
SUN INVESTMENTS, LLC



Principal Place of Business
**15959 NW 15TH AVENUE
MIAMI, FL 33169**

Mailing Address
**15959 NW 15TH AVENUE
MIAMI, FL 33169**



02082008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1694300

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FARR, NEAL E
15959 NW 15TH AVENUE
MIAMI, FL 33169**

**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**

000000829875
02/25/08-80060-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
KRAMER, JEFFREY A
15959 NW 15TH AVENUE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
ROSENFELD, WILLIAM W
15959 NW 15TH AVENUE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
FARR, NEAL E
15959 NW 15TH AVENUE
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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: _____

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

NEAL E. FARR 2/12/08 305-623-9223

Date

Daytime Phone #