

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000034483

1. Entity Name

SUNLEDGE LLC



Principal Place of Business

12871 MEAD LANDING COURT
JACKSONVILLE FL 32223
US

Mailing Address

12871 MEAD LANDING COURT
JACKSONVILLE FL 32223
US

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

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

LEGALZOOM NEVADA, INC.
111 N.E. FIRST STREET
SUITE 901
MIAMI FL 33132

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 reactivating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME GROB, BRUCE R ☐ Delete
STREET ADDRESS 12871 MEAD LANDING COURT
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 1000000035479
CITY-ST-ZIP 02/06/04-80020-016 50.00

TITLE
NAME WHITNER, BANTA H ☐ Delete
STREET ADDRESS 12871 MEAD LANDING COURT
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE
NAME ITKIN, STEPHEN A ☐ Delete
STREET ADDRESS 12871 MEAD LANDING COURT
CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

01-29-2004 904 268-7675