

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000040243

1. Entity Name
SUNCORP, LLC



Principal Place of Business
**8014 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

Mailing Address
**8014 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1712356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILAN HOWARD NICANDRI DEES & GILLAM, P.A.
208 NORTH LAURA STREET, SUITE 800
JACKSONVILLE, FL 32202**

**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**

000000932496
05/22/08-80058-010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHANCK, JOHN G
8014 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
THOMPSON, MARK A
8014 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOQUIN, KIRK R
8014 BAYBERRY ROAD
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - 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: *X Manda T*

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

Date

Daytime Phone #

4.28.08