

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # L03000049975

1. Entity Name
SUNDAIL T406, LLC



Principal Place of Business

**1649 IMPERIAL CIRCLE
NAPERVILLE, IL 60563**

Mailing Address

**1649 IMPERIAL CIRCLE
NAPERVILLE, IL 60563**



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEUMANN, JILLIAN
1401 MIDDLE GULF DR #T406
SANIBEL, FL 33957**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NEUMANN, JILLIAN
1649 IMPERIAL CIRCLE
NAPERVILLE, IL 60563**

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U00000785065
01/16/08-80080-013 138.75

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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

Date

Daytime Phone #

1/12/08

630-826-4080

JILLIAN A. NEUMANN