

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90162 033 ****50.00

DOCUMENT # L04000011374

1. Entity Name

SUN KETCH REALTY LLC



Principal Place of Business
**4900-H CREEKSIDE DRIVE
CLEARWATER FL 33760**

Mailing Address
**4900-H CREEKSIDE DRIVE
CLEARWATER FL 33760**

30001530



1st MOORE

CR2E083 (10/04)

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

3883698784

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUARTETTI, RALPH W
4900-H CREEKSIDE DRIVE
CLEARWATER FL 33760**

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]

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **M/M** ☐ Delete
NAME **Ralph Quartetti**
STREET ADDRESS **4900 Creekside Drive "H"**
CITY- ST- ZIP **Clearwater, FL 33760**

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

TITLE **M/M** ☐ Delete
NAME **Thomas Quartetti**
STREET ADDRESS **4900 Creekside Drive "H"**
CITY- ST- ZIP **Clearwater, FL 33760**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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]

Managing Member

03/10/2005

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

Date

Daytime Phone #