

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90281 033 ****50.00

DOCUMENT # L04000028112 1. Entity Name SUNSPOT, LLC			
Principal Place of Business 2025 PINNACLE SW WYOMING, MI 49509		Mailing Address 2025 PINNACLE SW WYOMING, MI 49509	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt., #, etc. 282 CASSINE GARDEN		Suite, Apt., #, etc. 635 ATLANTIC AVE.	
City & State SANTA ROSA BCH, FL		City & State NEW ORLEANS, LA	
Zip 32459		Zip 70114	
Country USA		Country USA	
4. FEI Number 20-0942719		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$5.00 Additional Fee Required		03182005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FRANKLIN H. WATSON, P.A. 5365 E. COUNTY HIGHWAY 30A, STE. 105 SEAGROVE BEACH, FL 32459		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTELA, WILLIAM J 2025 PINNACLE SW WYOMING, MI 49509	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTELA, WILLIAM J. 441 ENQUIREE Court # 108 CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKENNA, BONNIE K 635 ATLANTIC AVENUE NEW ORLEANS, LA 70114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTELA, RICHARD + ALICE 282 Cassine Garden Circle Santa Rosa Bch, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTELA, RICHARD + ALICE 282 Cassine Garden Circle Santa Rosa Bch, FL 32459	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTELA, RICHARD + ALICE 282 Cassine Garden Circle Santa Rosa Bch, FL 32459
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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: Richard Butela <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		05, April, '05 <small>Date</small>	
850-534-0504 <small>Daytime Phone #</small>			