## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000031318

SUN GULF TITLE OF ORLANDO L.L.C.



**FILED** Feb 28, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

31564 US HWY 19 NORTH PALM HARBOR, FL 34684 31564 US HWY 19 NORTH PALM HARBOR, FL 34684

02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1250302 Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUJU, MICHAEL J 31564 US HWY 19 NORTH PALM HARBOR, FL 34684

## DO NOT WRITE IN THIS SPACE

|      | e above named entity submits this statement for the purpose of changir<br>e obligations of registered agent. | ng its registered office or registered agent, or bo          | oth, in the State of Florida. | t am familiar with, and accept |
|------|--|--|-------------------------------|--------------------------------|
| SIGN | ATURE  | (NOTE: Registered Agent slapakire required when (elestation) |                               | DATE                           |

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000842643 03/11/08-80039-008 138.75

| 9. MANAGING MEMBERS/MANAGERS          |  |  |
|---------------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM<br>GUJU, MICHAEL J<br>31564 US HWY 19 NORTH<br>PALM HARBOR, FL 34684              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>EQUITY NATIONAL TITLE, L.L.C.<br>31564 US HWY 19 NORTH<br>PALM HARBOR, FL 34684 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-2IP |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |

DO NOT WRITE IN THIS SPACE

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:** 

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE