


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90176 034 ****50.00

DOCUMENT # L04000035065	
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1. Entity Name
INFINITY SUN CITY CENTER, LLC

Principal Place of Business
137 S. PEBBLE BEACH BLVD.
~~STE. 101~~
SUN CITY CENTER, FL 33573

Mailing Address
137 S. PEBBLE BEACH BLVD.
~~STE. 101~~
SUN CITY CENTER, FL 33573



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

01242006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-1098905

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIZLAW
2350 N 34 STREET NORTH -
110
ST. PETERSBURG, FL 33713

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME INFINITY FINANCIAL HOLDING CO.
STREET ADDRESS 1700 66TH STREET NORTH, STE. 301
CITY-ST-ZIP ST. PETERSBURG, FL 33710

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

TITLE MGRM ☐ Delete
NAME GUTHRIE, LINDA SUE
STREET ADDRESS 137 S. PEBBLE BEACH BLVD.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 137 S. Pebble Beach Blvd., Suite 204
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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:

Linda Guthrie

LINDA GUTHRIE

2-16-06

813-634-1077

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

Date

Daytime Phone #