

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90015 046 ****50.00

DOCUMENT # L04000043179

1. Entity Name

SOUTHWEST SUN INVESTMENTS, LLC



Principal Place of Business

**2299 ANN ARBOR ROAD
NORTH PORT FL 34287**

Mailing Address

**PMB #124 1181 S SUMTER BLVD
NORTH PORT FL 34287**



2. Principal Place of Business

26216 N. San Mateo Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

North Port FL

City & State

4. FEI Number

20-1217596

Applied For

Not Applicable

Zip

34288

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN PELT, KENNETH J
2299 ANN ARBOR ROAD
NORTH PORT FL 34287**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **VAN PELT, KENNETH J**
STREET ADDRESS **2299 ANN ARBOR ROAD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

KEN VAN PELT

4-11-06 941-429-4183

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

Date

Daytime Phone #