2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000051865

1. Entity Name
SUNNY PROPERTIES OF CORAL SPRINGS, LLC

Principal Place of Business	Mailing Address
9013 NW 38 DR CORAL SPRINGS, FL 33065 US	917 NW 18 AVE BOCA RATON, FL 33486 US

DO NOT WRITE IN THIS SPACE

04092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
86-1110996	Not Applicable

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

---

6. Name and Address of Current Registered Agent

MAZZARO, JAMES T JR
917 NORTHWEST 18 AVENU
BOCA RATON, FL 33486

DO NOT WRITE
IN THIS SPACE

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 $138.75
After May 1, 2008 Fee will be $538.75

000000892585
04/23/08-80072-008 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MAZZARO, JAMES T JR	
STREET ADDRESS	917 NORTHWEST 18 AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

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: _James T. Mazzaro_____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #