2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2005 8:00 am Secretary of State **DOCUMENT # L04000052786** 04-07-2005 90094 002 ****50 00 1. Entity Name SUNVESTORS, LLC Principal Place of Business Mailing Address 7590 121ST AVE N 7590 121ST AVE N LARGO, FL 33773 LARGO, FL 33773 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 20-1366609 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDEZ, SUSAN Street Address (P.O. Box Number is Not Acceptable) 7590 121ST AVE N LARGO, FL 33773 City Zip Code FL 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, some of adaptions as a final policy of the state of the sta orin, a riqui tri fili Siliqui porti ficul e ulebet più urbo, accumento col pres Tra Sirogen (1900:1976) Emgan espirato (Muria Hang) tra presipi al compressione trac Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2017/10/15/20 m_{W} Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to H. Florida Department of State 1 197 1909 1.8.81<u>-1-5</u>1 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. r MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition MENDEZ, SUSAN NAME NAME 7590 121ST AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33773 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHOW OF THE WINDS TO Change TO ... Addition ☐ Delete TITLE TITLE प्राकृत्व वर्गायकृत रेक्कीयकृत्रका व । NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 natificate liability company or the receiver or trustee exponented to execute the in the same legal affect as if made under oath; that I am a managing member or manager of the is report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRIN

FILED

Daytime Phone #