

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000058664**

1. Entity Name  
**SUNNYOUT, LLC**



Principal Place of Business  
**921 NORTH MAIN STREET  
KISSIMMEE, FL 34744**

Mailing Address  
**921 NORTH MAIN STREET  
KISSIMMEE, FL 34744**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1523884**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARTWRIGHT, MONT JAY  
921 NORTH MAIN STREET  
KISSIMMEE, FL 34744**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000738245  
05/11/07-80061-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	WILD, MARSHA
STREET ADDRESS	921 N MAIN STREET
CITY-ST-ZIP	KISSIMMEE, FL 34744
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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Mont J. Cartwright MD*

*4/23/07*

*407.333.7801*