

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081737

1. Entity Name
SUNSPREE BUILDERS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 9:25

Principal Place of Business
97 GRANDE AVENUE
SANTA ROSA BEACH, FL 32459

Mailing Address
97 GRANDE AVENUE
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business
38 Dorado Ct
Suite, Apt. #, etc.

3. Mailing Address
38 Dorado Ct
Suite, Apt. #, etc.

07132005 Chg-LLC CR2E083 (10/03)

City & State
Santa Rosa Beach FL
Zip 32459 Country US

City & State
Santa Rosa Beach FL
Zip 32459 Country US

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32451

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GAITHER, JOEL S
STREET ADDRESS 97 GRANDE AVENUE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
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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 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2005

300059870913
09/22/05--01040--002 **150.00