

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000082681**

1. Entity Name  
**THE SUWHIT COMPANY, LLC**



Principal Place of Business  
**958 S. HOUGLAND BOULEVARD  
KISSIMMEE, FL 34741 US**

Mailing Address  
**958 S. HOUGLAND BOULEVARD  
KISSIMMEE, FL 34741 US**

**DO NOT WRITE IN THIS SPACE**



05012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**30-0200516**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**SUHL, GARY W  
958 S. HOAGLAND BLVD  
KISSIMMEE, FL 34741**

**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

*Gary W. Suhl*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/29/08**  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WHITSTON, ALLEN  
122 S. DILLINGHAM AVENUE  
KISSIMMEE, FL 34741**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SUHL, GARY W  
122 S. DILLINGHAM AVENUE  
KISSIMMEE, FL 34741**

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

U000000948623  
05/30/08-80055-013 138.75

**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:**

*Gary W. Suhl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/29/08**  
Date

**4078463330**  
Daytime Phone #