## FILED Jun 27, 2008 8:00 am Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT								
DOCUMENT # L04000 1. Entity Name FLORIDA SUNSPRAY, LLC	089247							
Principal Place of Business	Mailing Address							
25 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174	P.O. BOX 731734 ORMOND BEACH, FL 32173-	1734						

1. Entity Name FLORIDA SUNSPRAY, LLC				:			06-27-2008	90037 00	00 13	0./3
Principal Place of Business  25 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174  Principal Place of Business P.O. BOX 731734 ORMOND BEACH, FL 32174			32173-1	734	1400000 800		00078		IRRI 1112 1888	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite; Apt. #, etc.		06202008	Chg-LLC	CR2E08	33 (12/06)			
City & State		City & State		4. FEI Number 20-1985			No	plied For Applicable		
Zip	_	Country	Zip	Coun	itry	<u> </u>	of Status Desired	ا ب	5.00 Add ee Required	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Ro	egistered A	gent	
VANACORE, TRACY 25 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	e
	named entit		r the purpose of changing its	registere	ed office or registe	red agent, or both	n, in the State of Flo	rida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Ageni signature require	i when reinstating)	·	DATE		<u> </u>
FILE-NOWIII-FEE-IS \$138.75 In accordance with s. 607 liability company did not record and the second and the					ne limited Make check payable to ptice. Florida Department of State					
FILI Due	E-NOWIII- by Septe	FEE IS \$138.75 ember 12, 2008	In accordance with liability company did	s. 607.1 I not rec	93(2)(b), F.S., the seive the prior no	e limited — - tice.				3
- FILI Due	E NOWIII-	FEE IS \$138.75 ember 12, 2008 MANAGING MEMBE	liability company did	s. 607.1 d not rec	93(2)(b), F.S., the ceive the prior no	e limited — tice.		Departme		)
Due	MGR VANACOI 25 RIVER	ember 12, 2008	liability company did	10. TITLE NAMI	ceive the prior no	e limited — tice.	Florida	Departme		⊒ Addition
9. TITLE NAME STREET ADDRESS	MGR VANACOI 25 RIVER	MANAGING MEMBE  RE, TRACY C MRS. RIDGE TRAIL	liability company did	10. TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E-ST-ZIP	e limited —	Florida	Departme	ent of State	·
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR VANACOI 25 RIVER	MANAGING MEMBE  RE, TRACY C MRS. RIDGE TRAIL	liability company did	10. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E E E E E E E E E E E E E E	e limited —	Florida	Departme	Change	☐ Addition
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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.