

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000089760**

1. Entity Name  
**SUNFLOWER SPRINGS, LLC**



Principal Place of Business  
**3475 SOUTH SUNCOAST BLVD  
HOMOSASSA SPRINGS, FL 34447**

Mailing Address  
**3475 SOUTH SUNCOAST BLVD  
HOMOSASSA SPRINGS, FL 34447**



06122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-2029176**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**DIXON, KEVIN K P.A.  
151 EAST HIGHLAND BLVD.  
INVERNESS, FL 34452**

**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 September 14, 2007**

U00000786843  
07/03/07-80003-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	DIXON, WILLIAM MD
STREET ADDRESS	3475 S SUNCOAST BLVD
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE	VP
NAME	DESAI, PARESH G MD
STREET ADDRESS	3475 S SUNCOAST BLVD
CITY-ST-ZIP	HOMOSASSA, FL 34448
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

**6/19/07 352-628-7671**

Date

Daytime Phone #