

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (A)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90094 028 \*\*\*\*50.00

**DOCUMENT # L05000006265**

1. Entity Name

**SUNDERPUNK, LLC**



Principal Place of Business

**2527 MOHAWK TRAIL  
MAITLAND FL 32751**

Mailing Address

**2527 MOHAWK TRAIL  
MAITLAND FL 32751**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**KURT FORREST BREWER, P.A.  
2300 CURRY FORD ROAD  
ORLANDO FL 32806**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SUNDERMAN, ERIC J**  
STREET ADDRESS **2527 MOHAWK TRAIL**  
CITY - ST - ZIP **MAITLAND FL 32751**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Eric J. Sunderman*

1-21-06

321-363-6567