# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000008960**

**1.** Entity Name
FLORIDA SUN RENTALS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 8819 SPYGLASS LOOP<br>CLERMONT, FL 34711 | 8819 SPYGLASS LOOP<br>CLERMONT, FL 34711 |

## DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number<br>NOT APPLICABLE | Applied For |
|---|---|
| | Not Applicable |
| 5. Certificate of Status Desired ☑ | **$5.00** Additional<br>Fee Required |

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

STRAWBRIDGE, DRINDA C
8819 SPYGLASS LOOP
CLERMONT, FL 34711

## 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

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

**9.**                          MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | STRAWBRIDGE, DRINDA C |
| STREET ADDRESS | 8819 SPYGLASS LOOP |
| CITY-ST-ZIP | CLERMONT, FL 34711 |
| TITLE | MGRM |
| NAME | STRAWBRIDGE, MARK |
| STREET ADDRESS | 8819 SPYGLASS LOOP |
| CITY-ST-ZIP | CLERMONT, FL 34711 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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## 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: _Drinda C Strawbridge_        352-217-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE       Date       Daytime Phone #