

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000013166

1. Entity Name  
SUNDIAL VILLAGE, LLC



Principal Place of Business

POST OFFICE BOX 632  
BAGDAD, FL 32530

Mailing Address

POST OFFICE BOX 632  
BAGDAD, FL 32530



01212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2297601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BALKA, MATTHEW W  
2508 WHALEY AVENUE  
PENSACOLA, FL 32503

**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           | ROLL, BERNARD             |
| STREET ADDRESS | P.O. BOX 632              |
| CITY-ST-ZIP    | BAGDAD, FL 32530          |
| TITLE          | MGRM                      |
| NAME           | HOMYAK, JIM               |
| STREET ADDRESS | 366 FT. PICKENS ROAD      |
| CITY-ST-ZIP    | PENSACOLA BEACH, FL 32561 |
| TITLE          | MGRM                      |
| NAME           | BALKA, MATTHEW W          |
| STREET ADDRESS | 2508 WHALEY AVENUE        |
| CITY-ST-ZIP    | PENSACOLA, FL 32503       |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

U00000784571  
01/28/08-80013-009 138.75

**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:

*Bernard R Roll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

*Jan 26 2008*

Daytime Phone #

*850 981-1294*