

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042047

Entity Name: SUN-POINTE HOLDINGS, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

5309 SOUTHWEST 111TH TERRACE
FORT LAUDERDALE, FL 33328 US

New Principal Place of Business:

5309 SOUTHWEST 111TH TERRACE
DAVIE, FL 33328 US

Current Mailing Address:

5309 SOUTHWEST 111TH TERRACE
FORT LAUDERDALE, FL 33328 US

New Mailing Address:

5309 SOUTHWEST 111TH TERRACE
DAVIE, FL 33328 US

FEI Number: 20-2752506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEWELL, THOMAS
5220 DAVIE ROAD
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

LAMADRID FINANCIAL SERVICES CORP
8320 W SUNRISE BLVD
202
PLANTATION, FL 33322 US

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.

SIGNATURE: ALEXIS LAMADRID

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZACHARIAS, BOBBY
Address: 5309 SOUTHWEST 111TH TERRACE
City-St-Zip: DAVIE, FL 33328 US

Title: MGRM () Delete
Name: ZACHARIAS, JIM
Address: 5309 SOUTHWEST 111TH TERRACE
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JIM ZACHARIAS

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date