2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 23, 2006 8:00 am
Secretary of State
03-29-2006 90023 040 ****55.00

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000046710

1. Entity Name
SIR WINSTON, LLC

Principal Place of Business
8731 15TH STREET EAST
SARASOTA FL 34243

~~Mailing Address~~
~~8731 15TH STREET EAST~~
~~SARASOTA FL 34243~~

2. Principal Place of Business		3. Mailing Address	
		7009 Remington Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State University Park, FL	
Zip	Country	Zip 34201	Country Manatee

4. FEI Number 71-0982192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, JOHN E ESQ.
100 WALLACE AVE., SUITE 240
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: Denise Kopel
Street Address (P.O. Box Number is Not Acceptable): 7009 Remington Ct
City: University Park FL Zip Code: 34201

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: Denise M Kopel — 4/6/06
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Denise Kopel 7009 Remington Court University Park, FL 34201 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Denise Kopel — 3/22/06 — 941-355-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #