

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90031 011 ***138.75

DOCUMENT # L05000052516

1. Entity Name
SUNRAY OF FLORIDA, LLC



Principal Place of Business
**7315 PINETREE LANE
WEST PALM BEACH, FL 33406**

Mailing Address
**7315 PINETREE LANE
WEST PALM BEACH, FL 33406**

60038840



04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2985064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOAKES, DAVID G
7315 PINETREE LANE
WEST PALM BEACH, FL 33406**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NOAKES, DAVID G
7315 PINETREE LANE
WEST PALM BEACH, FL 33406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NOAKES, GLORIA
7315 PINETREE LN
WEST PALM BEACH, FL 33406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
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CITY-ST-ZIP
- ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
- ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4-26-08