

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060061

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: SUN KISSED WEDDINGS LLC

**Current Principal Place of Business:**

4024 PEMBERLY PINES CIRCLE  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

4024 PEMBERLY PINES CIRCLE  
ST. CLOUD, FL 34769

**New Mailing Address:**

FEI Number: 20-3009778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKS, KRISTI D OWNER  
4024 PEMBERLY PINES CIRCLE  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARKS, KRISTI  
Address: 4024 PERMBERLY PINES CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM ( ) Delete  
Name: PARKS, JASON E  
Address: 4024 PEMBERLY PINES CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PARKS, KRISTI OWNER  
Address: 4024 PERMBERLY PINES CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

Title: MGRM (X) Change ( ) Addition  
Name: PARKS, JASON E OWNER  
Address: 4024 PEMBERLY PINES CIRCLE  
City-St-Zip: ST. CLOUD, FL 34769

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: JASON E. PARKS

MGRM

04/15/2008

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