

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90086 001 ***500.00

DOCUMENT # L05000062089

1. Entity Name

SUN VISTA GULFPORT, LLC



Principal Place of Business

Mailing Address

475 CENTRAL AVENUE
SUITE 205
ST. PETERSBURG FL 33701

475 CENTRAL AVENUE
SUITE 205
ST. PETERSBURG FL 33701

2. Principal Place of Business - No P.O. Box #

1950 Lake Ave SE, B

3. Mailing Address

1950 Lake Ave SE, B

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Largo, FL

City & State

Largo, FL

Zip

33771

Country

USA

Zip

33771

Country

USA

4. FEI Number

20-3035601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUN VISTA DEVELOPMENT GROUP, INC.
475 CENTRAL AVENUE
THE KRESS BUILDING, SUITE 205
ST. PETERSBURG FL 33701

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
NAME: LODER, JOHN
STREET ADDRESS: 475 CENTRAL AVENUE, SUITE 205
CITY-ST-ZIP: ST. PETERSBURG FL 33713

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

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

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

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

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

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 1950 LAKE AVE SE, B
CITY-ST-ZIP: LARGO, FL 33771

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

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

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

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

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

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:

April Charles

5-1-07

(727) 581-7200

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

Date

Daytime Phone #