

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077417

Entity Name: SUNLIGHT RECOVERY, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

505 SOUTH FEDERAL HIGHWAY
UNIT 5
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FEDERAL HIGHWAY
UNIT 5
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, ROBERT
27 SOUTHEAST 24TH AVENUE
STE. 6
POMPANO BEACH, FL 33062 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: MGR () Delete
Name: ROBERT & DIANE ORR F, AMILY MANAGEME N T,LLC
Address: 1515 SOUTHEAST 10TH STREET
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGR () Delete
Name: ABU-MOUSTAFE, SHERIEF
Address: 505 SOUTH FEDERAL HIGHWAY, UNIT 5
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGR () Delete
Name: TRAVERSO, MARK
Address: 27 SOUTHEAST 24TH AVENUE, STE. 6
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES:

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

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: DIANE ORR

MGR

04/28/2008

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