


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000079309 1. Entity Name SUGAR MAPLE FLORIDA, LLC	
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Principal Place of Business 8501 PLACIDA ROAD SUITE A-2 PLACIDA, FL 33946	Mailing Address 8501 PLACIDA ROAD SUITE A-2 PLACIDA, FL 33946
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DO NOT WRITE IN THIS SPACE

04112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4133588

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

CIRKA, BENJAMIN
8501 PLACIDA ROAD
SUITE A-2
PLACIDA, FL 33946

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIRKA, BENJAMIN 8501 PLACIDA ROAD PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIRKA, LAWRENCE 8501 PLACIDA ROAD PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIRKA, ROBERT 8501 PLACIDA ROAD PLACIDA, FL 33946
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04/26/07-80015-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Ben Cirka President/MGR 4/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #