
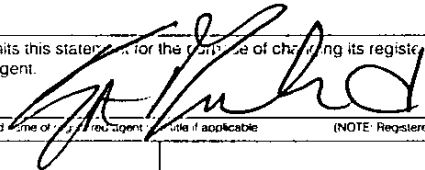
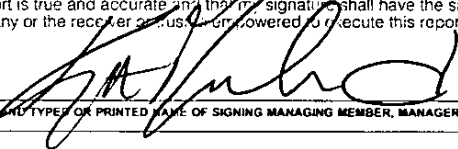


FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90037 026 ****50.00

DOCUMENT # L05000088349			
1. Entity Name SUNDAY'S LLC			
Principal Place of Business 8470 NW 120TH ST CHIEFLAND, FL 32626 US		Mailing Address PO BOX 2357 CHIEFLAND, FL 32644 US	
2. Principal Place of Business 2010 N YOUNG BLVD		3. Mailing Address PO BOX 2357	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chiefland FL		City & State Chiefland FL	
Zip 32626		Zip 32644	
Country Levy		Country Levy	
4. FEI Number 20 3359094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RULAND, KERRIE A 8470 NW 120TH ST CHIEFLAND, FL 32626		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  09/01/06 <small>Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RULAND, JEFFREY 8470 NW 120TH ST CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RULAND, KERRIE 8470 NW 120TH ST CHIEFLAND, FL 32626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 recorder or authorized person to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  09/01/06 352-493-2203 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date Daytime Phone #			