

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # L05000088639

1. Entity Name
SUNLAKE, LLC



Principal Place of Business

**4760 N. US1
#201
MELBOURNE, FL 32935**

Mailing Address

**4760 N. US1
#201
MELBOURNE, FL 32935**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1925807

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GENONI, CHARLES B
4760 N. US1
#201
MELBOURNE, FL 32935**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GENONI, JOHN P JR.
STREET ADDRESS	4760 N. US1 #201
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	MGRM
NAME	GENONI, JOHN M
STREET ADDRESS	4760 N. US1 #201
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	MGRM
NAME	GENONI, CHARLES B
STREET ADDRESS	4760 N. US1 #201
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000735637
05/10/07-80040-022 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: _____

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

Date

Daytime Phone #

4/23/07