

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000089889

1. Entity Name  
SAMANTHA'S SUN RENTALS, LLC



Principal Place of Business

% SCHULMAN, WOLFSON, PUCCI & ABRUZZO, LLP  
7 WEST 36TH STREET, 15TH FLOOR  
NEW YORK, NY 10018

Mailing Address

% SCHULMAN, WOLFSON, PUCCI & ABRUZZO, LLP  
7 WEST 36TH STREET, 15TH FLOOR  
NEW YORK, NY 10018

**FILED**

**Jun 30, 2008 08:00 AM**  
**Secretary of State**



06272008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3582174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUGLIESE, SAVERIO  
3720 SOUTH OCEAN BOULEVARD, APT. 503  
HIGHLAND BEACH, FL 33487

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PUGLIESE, SAVERIO
STREET ADDRESS	3720 SOUTH OCEAN BLVD., APT. 503
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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06/30/08-80002-031-138.75

**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 #

6/21/08