

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089889

FILED
Jun 29, 2009
Secretary of State

Entity Name: SAMANTHA'S SUN RENTALS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

% SCHULMAN,WOLFSON & ABRUZZO, LLP
6 EAST 45TH STREET - 9TH FLOOR
NEW YORK, NY 10017

Current Mailing Address:

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

New Mailing Address:

% SCHULMAN,WOLFSON & ABRUZZO, LLP
6 EAST 45TH STREET - 9TH FLOOR
NEW YORK, NY 10017

FEI Number: 20-3582174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PUGLIESE, SAVERIO
3720 SOUTH OCEAN BOULEVARD, APT. 503
HIGHLAND BEACH, FL 33487 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: MGRM () Delete
Name: PUGLIESE, SAVERIO
Address: 3720 SOUTH OCEAN BLVD., APT. 503
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES:

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: SAVERIO PUGLIESE

MGRM

06/29/2009

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