

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000089944

1. Entity Name
J.E. SUN INVESTMENTS LLC



Principal Place of Business
**18660 COLLINS AVENUE
MILLENNIUM PLAZA UNIT 100
SUNNY ISLES BEACH, FL 33160-2485 US**

Mailing Address
**18660 COLLINS AVENUE
MILLENNIUM PLAZA UNIT 100
SUNNY ISLES BEACH, FL 33160-2485 US**



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4308437

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEIGER, DEAN D
18660 COLLINS AVENUE
MILLENNIUM PLAZA UNIT 100
SUNNY ISLES BEACH, FL 33160-2485**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIGER, DEAN D 18660 COLLINS AVENUE, MP UNIT 100 SUNNY ISLES BEACH, FL 331602485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZZAN, EMMA 18660 COLLINS AVENUE, MP UNIT 100 SUNNY ISLES BEACH, FL 331602485
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02/06/07-80073-025 150.00

**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 #

02/01/07 (305) 562 8402