

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000100127

1. Entity Name
SAKI SUNSHINE LLC



Principal Place of Business
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

Mailing Address
13014 N DALE MABRY HWY
SUITE 356
TAMPA, FL 33618



03192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3608036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY A
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

**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**

U000000683374
04/05/07-80043-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FAIRBANKS, GARY A
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGR
NAME RAPPAPORT, ALEXANDER G
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGR
NAME SCHWENCKE, KIM M
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN
CITY-ST-ZIP TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Kim M. Schwencke
Kim M. SCHWENCKE

DATE

3/20/07

Daytime Phone #

813-269-0899