# 2008 LIMITED LIABILITY COMPANY

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**ANNUAL REPORT** 

SAKI SUNSHINE LLC

Principal Place of Business Mailing Address

DOCUMENT # L05000100127

13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618

13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618

# **FILED** Apr 03, 2008 08:00 Al Secretary of State



03312008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-3608036 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

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the dailgations of registerad agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registered Agent signature required when reinstating)	الله المنافعة				
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FILE NOW!!! FEE IS \$138.75				-		
After May 1, 2008 Fee will be \$538.75				•		
•				-		

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

#### MANAGING MEMBERS/MANAGERS MGR THLE NAME FAIRBANKS, GARY A STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN CITY-ST-ZIP TAMPA, FL 33618 MGR NAME RAPPAPORT, ALEXANDER G STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN CITY+\$1-7IP TAMPA, FL 33618 MGR SCHWENCKE, KIM M NAME STREET ADDRESS 13907CARROLLWOOD VILLAGE RUN CHTY-SI-ZIP TAMPA, FL 33618 NAME STREET ADDRESS CHY+S1-ZIP STREET ADDRESS CITY-ST-ZIP DILE STREET ADDRESS City-ST-7P

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11. I hereby certify that the information supplied with this fling 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: Nam D. Faith	GARY A. FAIRSAILS	3/31/08	813-269-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBE	R. OR AUTHORIZED REPRESENTATIVE	Dafe	Daytime Phone #