

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90080 043 *****50.00

DOCUMENT # L06000022515

1. Entity Name
SUN BUSINESSES, LLC



Principal Place of Business
**225 BECKRICH ROAD
PANAMA CITY BEACH, FL**

Mailing Address
**225 BECKRICH ROAD
PANAMA CITY BEACH, FL**

2. Principal Place of Business - No P.O. Box #
8001 Lavelle Way
Suite, Apt. #, etc.

3. Mailing Address
8001 Lavelle Way
Suite, Apt. #, etc.

02112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4465852
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

City & State
Pensacola FL
Zip
32526
Country
USA

City & State
Pensacola, FL
Zip
32526
Country
USA

6. Name and Address of Current Registered Agent

**JOHN R. GREEN, P.A.
24 W. 8TH STREET
PANAMA CITY BEACH, FL**

7. Name and Address of New Registered Agent

Name
Yogesh Patel
Street Address (P.O. Box Number is Not Acceptable)
8001 Lavelle Way
City
Pensacola **FL** Zip Code
32526

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 **02-12-2007**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, NARESH 225 BECKRICH ROAD PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, MAHESH 504 PARKWOOD DRIVE PANAMA CITY BEACH, FL 32405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHAKTA, JITENDRA 5239 OAK DRIVE MARIANNA, FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, YOGESH 501 S. MORTON STREET FRANKLIN, IN 461318905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Patel, Yogesh 8001 Lavelle Way Pensacola, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Yogesh Patel** **02-12-2007** **850-941-8902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #