

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000022515

1. Entity Name
SUN BUSINESSES, LLC



Principal Place of Business
**8001 LAVELLE WAY
PENSACOLA, FL 32526**

Mailing Address
**8001 LAVELLE WAY
PENSACOLA, FL 32526**



04112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4465852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOGESH, PATEL
8001 LAVELLE WAY
PENSACOLA, FL 32526**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000904822
05/01/08-80028-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PATEL, NARESH
STREET ADDRESS 225 BECKRICH ROAD
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE MGRM
NAME SHAH, MAHESH
STREET ADDRESS 504 PARKWOOD DRIVE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32405

TITLE MGRM
NAME BHAKTA, JITENDRA
STREET ADDRESS 5239 OAK DRIVE
CITY-ST-ZIP MARIANNA, FL 32446

TITLE MGRM
NAME PATEL, YOGESH
STREET ADDRESS 8001 LAVELLE WAY
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Yogesh Patel, Member 04-01-08 850-941-8902