## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 11, 2007 8:00 am Secretary of State DOCUMENT # L06000034445 1. Entity Name 04-11-2007 90158 034 \*\*\*\*50.00 SUNDIN BUSINESS ENTERPRISES, LLC Principal Place of Business Mailing Address 133 LOVE RIDGE COURT TALLHASSEE FL 32312 133 LOVE RIDGE COURT TALLHASSEE FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 03-0587574 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUNDIN, JONATHAN B Street Address (P.O. Box Number is Not Acceptable) 133 LOVE RIDGE COURT TALLHASSEE FL 32312 City Zip Code 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 ed agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR шпе MGR ☐ Defete THEF □ Addition NAME NAME SUNDIN, JEREM,Y SUNDIN, JEREMY 1931 Meriadoc Rd STREET ADDRESS STREET ADDRESS 133 LOVE RIDGE COURT CITY-ST-ZIP TALLHASSEE FL 32312 CITY ST-ZIP Tallahassee FL 32303 Change HHE MGR MGR ☐ Delele TITLE Addition NAME SUNDEN, JONATHAN NAME SUNDIN, JON 1831 Meriadox Rd STREET ADDRESS 1826 S. MERIDIAN ROAD STREET ADDRESS CITY - S1 - ZIP CITY-SI-ZIP TALLAHASSEE FL 32308 Tallahassce\_FL\_32303 HILE ☐ Delete DILE ☐ Change Addition **MGRM** MARIE SUNDIN, JÜSHUA STREET ADDRESS STREET ADDRESS 133 LOVE RIDGE COURT CHY-ST-7IP CITY-S1 ZIP TALLAHASSEE FL 32312 TITLE ☐ Delcle HH ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IF CITY S1 7IP TITLE Delete Change Addition NAME МАМІ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY SI-ZIP HITE Defete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-76 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED**