

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90023 009 \*\*\*\*50.00

DOCUMENT # L06000042753

1. Entity Name  
SUNKISSED OF SEBASTIAN, LLC



Principal Place of Business  
1069 MAIN STREET  
SEBASTIAN, FL 32958

Mailing Address  
1069 MAIN STREET  
SEBASTIAN, FL 32958

30011620

2. Principal Place of Business - No P.O. Box #  
7001 84th Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
7001 84th Avenue  
Suite, Apt. #, etc.

02282007 Chg-LLC CR2E083 (12/06)

City & State  
Vero Beach, FL

City & State  
Vero Beach, FL

4. FEI Number  
20-5775728

Applied For  
Not Applicable

Zip Country  
32967 USA

Zip Country  
32967 USA

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

## 6. Name and Address of Current Registered Agent

LULICH, STEVEN  
1069 MAIN STREET  
SEBASTIAN, FL 32958

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ 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:

Steven Lulich 4/9/07 772-589-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #