


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State


05-21-2008 90204 015 ***138.75

DOCUMENT # L06000047267 1. Entity Name SUNSATONAL BEACH RENTALS, LLC					
Principal Place of Business 5901 SUN BOULEVARD SOUTH, SUITE 105 ST. PETERSBURG, FL 33715 <i>same</i>			Mailing Address 11360 GULF BLVD. TREASURE ISLAND, FL 33706		
2. Principal Place of Business - No P.O. Box # 11360 Gulf Blvd.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Treasure Island, FL		City & State		4. FEI Number 20-4852832	
Zip 33706		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLF ENTERPRISES INC. 1850 35TH STREET N. ST. PETERSBURG, FL 33713-3626			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUTTER, HEATHER M 5901 SUN BOULEVARD SOUTH, SUITE 105 ST. PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ruch, Wolfgang 1850 35th St N St Petersburg, FL 33713-3626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATES, JAMES 5901 SUN BOULEVARD SOUTH, SUITE 105 ST. PETERSBURG, FL 33715		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Wolfgang Ruch <i>Wolfgang Ruch</i> April 28, 08 727 323 4843 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

ATTACHMENT

60042412

DOCUMENT # L06000047267 1. Entity Name SUNSATIONAL BEACH RENTALS, LLC	
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Principal Place of Business 5901 SUN BOULEVARD SOUTH, SUITE 105 ST. PETERSBURG, FL 33715 11360 GULF BLVD TREASURE ISLAND, FL 33206	Mailing Address 11360 GULF BLVD. TREASURE ISLAND, FL 33706
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DO NOT WRITE IN THIS SPACE

03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4852832	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF ENTERPRISES INC.
1850 35TH STREET N.
ST. PETERSBURG, FL 33713-3626

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUTTER, HEATHER M 5901 SUN BOULEVARD SOUTH, SUITE 105 ST. PETERSBURG, FL 33715 DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATES, JAMES 5901 SUN BOULEVARD SOUTH, SUITE 105 ST. PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

WOLFGANG RUCH
1850 35TH ST N
ST PETERSBURG FL
33713-3626

**DO NOT WRITE
IN THIS SPACE**

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SIGNATURE: _____

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

Date

Daytime Phone #

Wolfgang Ruch
April 28.08 7278234843