

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90018 009 \*\*\*138.75

**DOCUMENT # L06000055885**

1. Entity Name  
**SUNNY COVE, LLC**



Principal Place of Business  
**1906 SW 16TH STREET AVENUE**  
**BOYNTON BEACH, FL 33426**

Mailing Address  
**1906 SW 16TH STREET AVENUE**  
**BOYNTON BEACH, FL 33426**

2. Principal Place of Business - No P.O. Box #

**1906 SW 16TH AVENUE**

Suite, Apt. #, etc.

**BOYNTON BEACH FL**

City & State

3. Mailing Address

**1906 SW 16TH AVENUE**

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH FL**

Zip  
**33426**

Country  
**USA**

Zip  
**33426**

Country  
**USA**

6. Name and Address of Current Registered Agent

**DENT, TOM**  
**4611 S.W. 16TH STREET**  
**BOYNTON BEACH, FL 33426**

01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**16-1763258**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

**1906 SW 16TH AVENUE**

City  
**BOYNTON BEACH**

FL

Zip Code  
**33426**

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**

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

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGR**  
**MURPHY, CATHERINE A**  
**1834 S.W. 17TH STREET**  
**BOYNTON BEACH, FL 33426**

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*C. Murphy*

*1/6/08 (561) 738-6717*