04/28/2008 13:49 18508729224 ROBBINS MGMT

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May 16, 2008 8:00 am
Secretary of State
05-16-2008 90189 033 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000084613

1. Entity Name
SUNTEK, LLC

60041918

04252008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
8115 N. LAGOON DRIVE PANAMA CITY, FL 32408	8115 N. LAGOON DRIVE PANAMA CITY, FL 32408

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3704 Thomas Drive	P.O. Box 9597
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Bch Fl.	City & State: Panama City Fl
Zip: 32408 Country: USA	Zip: 32417 Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GANS, ROBERT
8115 N. LAGOON DRIVE
PANAMA CITY, FL 32408

7. Name and Address of New Registered Agent
Name: C. Dennis Evans
Street Address (P.O. Box Number is Not Acceptable): 3704 Thomas Drive
City: Panama City FL Zip Code: 32408

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		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ ~~GANS, ROBERT TRUSTEE~~ ~~8115 N. LAGOON DRIVE~~ ~~PANAMA CITY, FL 32408~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carl Dennis Evans 3704 Thomas Drive Panama City Bch Fl. 32408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: CDEvans 4/28/8 850-235-3012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #