2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017513

Entity Name: SUN CAPITAL LLC

Address:

City-St-Zip:

15 SEFTON ST

BOSTON, MA 02126

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2350 SW KENT CIRCLE PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 2350 SW KENT CIRCLE PORT ST LUCIE, FL 34953 FEI Number: 20-8469722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, FABIAN A 2350 SW KENT CIRCLE PORT ST LUCIE, FL 34953 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SMITH, DANIA Name: Name: Address: 5530 BESS LANE Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SMITH, FABIAN A Name: Address: 5530 BESS LANE Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BARRETT-LEE, SANDRIA Name: Name: Address: 8860 NW 47TH STREET Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GORDON, NICOLE Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: FABIAN SMITH MGRM 04/26/2009