

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90124 049 \*\*\*138.75

**DOCUMENT # L07000026293**

1. Entity Name  
**SUNBURST SERVICES, LLC**



Principal Place of Business

**1100 VILLAGIO CIRCLE  
SARASOTA, FL 34237 US**

Mailing Address

**1100 VILLAGIO CIRCLE  
SARASOTA, FL 34237 US**

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

**1125 VILLAGIO CIRCLE  
Suite, Apt. #, etc.  
#108**

3. Mailing Address

**P.O. Box 52754**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34237**

Country

**U.S.A.**

Zip

**34232**

Country

**U.S.A.**

01162008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-8618008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCCARTHY, JAMES T  
1125 VILLAGIO CIRCLE  
108  
SARASOTA, FL 34237**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**01/16/08**

**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  
DEAS, RACHEL E  
1125 VILLAGIO CIRCLE, #204  
SARASOTA, FL 34237** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCCARTHY, JAMES T  
1100 VILLAGIO CIRCLE  
SARASOTA, FL 34237** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCCARTHY, JAMES T  
1125 VILLAGIO CIRCLE #108  
SARASOTA, FL 34237** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

**01/16/08**