2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-07-2008 90225 028 ***138.75

DOCUMENT # L07000034274

1. Entity Name
SUN MACHINERY AND PARTS, LLC

Principal Place of Business	Mailing Address
~~6220 S. ORANGE BLOSSOM TRAIL~~	~~6220 S. ORANGE BLOSSOM TRAIL~~
~~SUITE 194~~	~~SUITE 194~~
~~ORLANDO, FL 32809 US~~	~~ORLANDO, FL 32809 US~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2101 Orinoco Dr.	2101 Orinoco Dr.
Suite, Apt. #, etc. Bldg 1 Ste. 1	Suite, Apt. #, etc. Bldg 1 Ste. 1
City & State Orlando, Fl.	City & State Orlando, Fl.
Zip 32837 Country Orange	Zip 32837 Country Orange

03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 32-0200297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAMARRA, ORLANDO CPA	Name
18851 NE 29 AVENUE 7TH FLOOR	Street Address (P.O. Box Number is Not Acceptable)
AVENTURA, FL 33180	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 ______________________
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	☐ Delete	TITLE Manager / NAME Lenin Cardenas / STREET ADDRESS 2101 Orinoco Dr. Bldg 1 Ste. 1 / CITY-ST-ZIP Orlando, Fl. 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Director / NAME Carla Deniz / STREET ADDRESS 2101 Orinoco Dr. Bldg 1 Ste 1 / CITY-ST-ZIP Orlando, Fl. 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: [signature] 03/04/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #