

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90332 003 \*\*\*138.75

60013348



03062008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000039806</b>			
1. Entity Name <b>SUNSTATE CHEMICAL, LLC</b>			
Principal Place of Business <b>9703 25TH STREET EAST PARRISH, FL 34219</b>		Mailing Address <b>9703 25TH STREET EAST PARRISH, FL 34219</b>	
2. Principal Place of Business - No P.O. Box # <b>1108 24th AVENUE EAST</b>		3. Mailing Address <b>1108 24th AVENUE EAST</b>	
Suite, Apt. #, etc. <b># 207</b>		Suite, Apt. #, etc. <b># 207</b>	
City & State <b>Ellenton, FL</b>		City & State <b>Ellenton, FL</b>	
Zip <b>34222</b>	Country <b>USA</b>	Zip <b>34222</b>	Country <b>USA</b>

4. FEI Number <b>20-8856050</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FINK, DAVID R 9703 25TH STREET EAST PARRISH, FL 34219</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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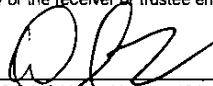
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FINK, DAVID R 9703 25TH STREET EAST PARRISH, FL 34219</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **DAVID FINK, MANAGING MEMBER** **3-6-08** **727 560 2124**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #