

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094853

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: UNITED SUN DEVELOPMENT LLC

**Current Principal Place of Business:**

17180 PRIMAVERA CIRCLE  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

17180 PRIMAVERA CIRCLE  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

FEI Number: 14-2011437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TROUT, STEVEN  
17180 PRIMAVERA CIRCLE  
CAPE CORAL, FL 33909 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:**

Title: MGRM ( ) Delete  
Name: TROUT, STEVEN  
Address: 17180 PRIMAVERA CIRCLE  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGRM ( ) Delete  
Name: TROUT, DEBBIE  
Address: 17180 PRIMAVERA CIRCLE  
City-St-Zip: CAPE CORAL, FL 33909 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: STEVEN TROUT

MGRM

06/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date