

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112044

Entity Name: SPRAY SUN LLC

FILED  
Aug 30, 2009  
Secretary of State

**Current Principal Place of Business:**

27670 BAY POINT LANE  
B4  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

27670 BAY POINT LANE  
B4  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

7128 LEMURIA CIRCLE  
703  
NAPLES, FL 34109 US

FEI Number: 94-3457235      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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

CASPER, REBECCA  
7128 LEMURIA CIRCLE  
703  
NAPLES, FL 34109 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: REBECCA CASPER

08/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASPER, REBECCA  
Address: 27670 BAY POINT LANE B4  
City-St-Zip: BONITA SPRINGS, FL 34134 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CASPER, REBECCA  
Address: 7128 LEMURIA CIRCLE #703  
City-St-Zip: NAPLES, FL 34109 US

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: REBECCA CASPER

MGRM

08/30/2009

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