

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90048 045 \*\*\*\*50.00

**DOCUMENT # L98000000120**

**1. Entity Name**  
**SUN GLO PROPERTIES, L.C.**



**Principal Place of Business**  
C/O JOHN A. MORAN, ESQ.  
22 SOUTH LINKS AVENUE, SUITE 300  
SARASOTA FL 34236

**Mailing Address**  
C/O JOHN A. MORAN  
P.O. BOX 3948  
SARASOTA FL 34230

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 65-0818606

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**

~~MORAN, JOHN A~~  
~~22 SOUTH LINKS AVENUE, SUITE 300~~  
~~SARASOTA FL 34236~~

Name Sylvester Goetz

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

216 Fiesole Street

City Venice

**FL**

Zip Code 34285

**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** Sylvester Goetz, **MANAGING MEMBER**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

3/10/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** **MGR** ☐ Delete  
**NAME** **GOETZ, SYLVESTER**  
**STREET ADDRESS** **216 FIESOLE STREET**  
**CITY-ST-ZIP** **VENICE FL 34285**

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

**TITLE** **MGR** ☐ Delete  
**NAME** **GOETZ, ERIC**  
**STREET ADDRESS** **216 FIESOLE STREET**  
**CITY-ST-ZIP** **VENICE FL 34285**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Sylvester Goetz MANAGING MEMBER 3-19-03 941-416-1405

CR2E083 (10/02)