

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0030861

DOCUMENT # L98000000194

1. Entity Name

SUNDY ESTATES, L.C.



FILED

03 APR 18 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



Principal Place of Business

14 S. SWINTON AVENUE
DELRAY BEACH FL 33444

Mailing Address

14 S. SWINTON AVENUE
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

255 NE 6TH AVE

255 NE 6TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

65-0823777

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITHER, ROBERT M JR.
14 S. SWINTON AVENUE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name
WINTZER, WILLIAM R.

Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE

City

DELRAY BEACH

FL

Zip Code
33483

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 William R. Wintzer WILLIAM R. WINTZER MGR 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITHER, ROBERT M JR 14 S. SWINTON AVENUE DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, KIMBERLY A. 125 LA POSTA RD, TALLAHASSEE, NM 87571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAN MARTIN, MARTA 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINTZER, WILLIAM R. 255 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100016238171 04/18/03--01021--008 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: WILLIAM R. WINTZER 4/14/03 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)