

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000196**

1. Entity Name
SUNDY INN, L.C.

FILED

01 APR 25 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**106 S. SWINTON AVE
DELRAY BEACH FL 33444**

Mailing Address
**14 S. SWINTON AVE
DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0823780

Applied For
Not Applicable

Zip Country

Zip Country

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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 Department of State**

**200104164332-9
05/09/01--01022--016
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RADY, FILIP
106 SO. SWINTON AVENUE
DELRAY BEACH FL** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SMITHER SR, ROBERT M
14 S SWINTON AVE
DELRAY BEACH FL** ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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: **Robert M. Smither, Jr.** **4-23-01 (561) 243-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0015285 AF

CR2E083 (11/00)