

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000196

Entity Name: SUNDY INN, L.C.

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1005 LAKE AVENUE  
SUITE 301  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

1180 SEMINOLE TRAIL  
SUITE 155  
CHARLOTTESVILLE, VA 22901

**Current Mailing Address:**

1180 SEMINOLE TRAIL  
SUITE 155  
CHARLOTTESVILLE, VA 22901

**New Mailing Address:**

FEI Number: 65-0823780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORICK, SANDI  
1005 LAKE AVENUE  
SUITE 301  
LAKE WORTH, FL 33460 US

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

MORICK, SANDI  
5700 N OCEAN BLVD  
OCEAN RIDGE, FL 33435 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: SANDI MORICK

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP  
Name: GOODYEAR, KIMBERLY A  
Address: 1180 SEMINOLE TR, STE 155  
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: ST  
Name: FOELLMER, GLORIA  
Address: 1180 SEMINOLE TR, STE 155  
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: MGR  
Name: WORRELL JR, THOMAS E  
Address: 1180 SEMINOLE TR, STE 155  
City-St-Zip: CHARLOTTESVILLE, VA 22901

I hereby 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: GLORIA FOELLMER

ST

02/17/2010

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