

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002251

1. Entity Name

SUNNY SKIES REAL ESTATE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2533 MIDDLE RIVER DRIVE
FORT LAUDERDALE FL 33301

Mailing Address

2533 MIDDLE RIVER DRIVE
FORT LAUDERDALE FL 33305-1614

2. Principal Place of Business

1930 E Sunrise Blvd

3. Mailing Address

1930 E Sunrise Blvd

Suite, Apt. #, etc.

B-6

Suite, Apt. #, etc.

B-6

City & State

Fr LAUD FL

City & State

Fr LAUD FL

Zip

Country

33304 USA

Zip

Country

33304 USA

4. FEI Number

65-0914587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME EMMERT, RICHARD
STREET ADDRESS 2533 MIDDLE RIVER DRIVE
CITY- ST- ZIP FORT LAUDERDALE FL 33301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Kim GRAY
STREET ADDRESS 1930 E Sunrise Blvd B-6
CITY- ST- ZIP Ft Lauderdale FL 33304 ☐ Change ☐ Addition

TITLE
NAME 200003127062--0
STREET ADDRESS -02/08/00--01045--007
CITY- ST- ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)