

2001 UNIFORM BUSINESS REPORT (UBR)

0011742 - AT

DOCUMENT # L99000002251

1. Entity Name
SUNNY SKIES REAL ESTATE, LLC

FILED

01 JAN 22 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1930 E. SUNRISE BLVD., SUITE B-6
FORT LAUDERDALE FL 33304

Mailing Address
1930 E. SUNRISE BLVD., SUITE B-6
FORT LAUDERDALE FL 33304

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 65-0914587

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~KUBICKI-DRAPEL~~
~~(ATTN: PAUL JONES)~~
~~ONE E. BROWARD BLVD., SUITE 1600~~
~~FT. LAUDERDALE FL 33301~~

Name Kim Garvy
Street Address (P.O. Box Number is Not Acceptable)
1930 E Sunrise Blvd B6
City Ft Lauderdale FL Zip Code 33304

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

(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

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARVY, KIM 1930 E. SUNRISE BLVD., SUITE B-6 FORT LAUDERDALE FL 33304 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500003575255--4 -01/25/01--01097--008 *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 #

MANAGING MEMBER 1-18-01 9545246065

CR2E083 (11/00)