

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013222 AF

DOCUMENT # L99000004759

1. Entity Name  
SUNNY-ROAR ENTERPRISES, LLC

FILED

01 JAN 29, PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1501 PRESIDENTIAL WAY  
SUITE 7  
WEST PALM BEACH FL 33401

Mailing Address

1501 PRESIDENTIAL WAY  
SUITE 7  
WEST PALM BEACH FL 33401

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 65-0955576

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

MORTMAN, RORY E  
1501 PRESIDENTIAL WAY  
SUITE 7  
WEST PALM BEACH FL 33401

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 RORY E MORTMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/01

DATE

FILE NOW!!! FEE \$50.00  
Make Check Payable to Department of State

700003654877--7  
-02/06/01--01105--010  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS MORTMAN, RORY E  
CITY-ST-ZIP 1501 PRESIDENTIAL WAY SUITE 7  
WEST PALM BEACH FL 33401 ☐ Delete

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME MORTMAN, RORY E  
STREET ADDRESS 1501 Presidential way Suite 7  
CITY-ST-ZIP WEST Palm Beach, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VICE-President ☐ Change ☒ Addition  
NAME AHN, Sunghee  
STREET ADDRESS 8444 VIA DORO  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

RORY E MORTMAN

1/17/01 561-684-1312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)