

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007992

1. Entity Name

SUNICA INVESTMENTS, LLC

FILED

01 MAR 30 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4731 NORTH A1A, SUITE 220
VERO BEACH FL 32963

Mailing Address

4731 NORTH A1A, SUITE 220
VERO BEACH FL 32963

2. Principal Place of Business

4729 NORTH A1A

3. Mailing Address

4729 NORTH A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0964130

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32963

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMBRO, DAVID J

4731 NORTH A1A, SUITE 220

VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

DAMBRO, DAVID J

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

4729 NORTH A1A

City

VERO BEACH

FL

Zip Code

32963

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

DAVID J. DAMBRO

DAVID J. DAMBRO

2/15/01

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 MGR
NAME DAMBRO, DAVID J
STREET ADDRESS 4701 NORTH A1A, SUITE 220
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 4729 NORTH A1A ☒ Change ☐ Addition
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS 700003984737-4
CITY-ST-ZIP -04/10/01-01056-008 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS *****50.00 *****50.00
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:

DAVID J. DAMBRO

DAVID J. DAMBRO

2/15/01 (S61) 234-9192

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

Date

Daytime Phone #

0000014 AT

CR2E083 (11/00)