2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

DOCU	MENT # L99	0000081	1,84, ₍₃₀		520			03-2	4-2008	90235	005 ***1	138.75
1. Entity Nam THE SUN	e e para la	IABILITY C	OMPANY ""	. ,			artini Da					
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Principal Place of Business			Mailing Address						onn 1	6633	,. ·	
1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470			1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470									•
OUNCA, IL J	7470		OUNCA, IC 34470									
0. 0-1110	uAll-D	0.5. #										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02402000	01		00000		
							03102008	Chg-LI	LÇ	CRZEO	33 (12/06)	
City & State			City & State			.	4. FEI Numb					pplied For
Zip Country		Zip Cou		untry		59-361				<u> №</u> ba 00. 5\$	ot Applicable	
,					.,		5. Certificate	of Status D	esired		Fee Require	
	6. Name and Addre	ss of Current R	egistered Agent				7. Name and	Address	of New Re	gistered A	gent	
PLUNKET	T JOHN				Name							1
PLUNKETT, JOHN 1740 E SILVER SPRINGS BLVD				Street Addres			O. Box Numb	er is Not Ac	ceptable)		
OCALA, F	L 34470										_	
											1 7/ 0	
					City					FL	Zip Coo	
8. The above	named entity submits the	is statement for	the purpose of changing its	registere	ed office or r	registere	ed agent, or bo	th, in the St	ate of Flo	ida. I am f	amiliar with	, and accept
_			•									
SIGNATURE	Signature, typed or printed name	of registered agent an	d title if applicable. (NOTI	E: Registere	d Agent signature	e required	when reinstating)		14 . 1	DATE		
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Aiter may	7 1, 2000 F99 Will 1	DU \$336.73						• -	Fiorida	Departmo	ent of Sta	<u>-</u>
9.		GING MEMBER	IS/MANAGERS	10.				ADE	OITIONS/	CHANGES	•	
TITLE .	MGR		☐ Delete	TITLE							X Change	Addition
NAME	PLUNKETT, JOHN 5383 SE 15TH AVE			NAM STRE	ET ADDRESS	POP	SE T	سي و		* 1		
CITY-ST-ZIP	OCALA, FL 34480					Dow		344				
TITLE	MGR		☐ Delete	TITLE			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				Change	☐ Addition
NAME	PLUNKETT, KEVIN			NAM	E							
STREET ADDRESS CITY-ST-ZIP	1740 E SILVER SPF	RINGS BLVD			ET ADDRESS -ST-ZIP							
	OCALA, FL 34470 MGR											
TITLE NAME	PLUNKETT, KATHL	EEN	☐ Delete	TITLE	i						Change	Addition
STREET ADDRESS	1740 E SILVER SPE			STRE	ET ADDRESS							
CITY - ST - ZIP	OCALA, FL 34480			CITY	-ST-ZIP		 					
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NAME STREET ADDRESS	PLUNKETT, PATRIC 1740 E SILVER SPF			NAM	ET ADDRESS							
CITY-ST-ZIP	OCALA, FL 34470	MINOS BLAD			-ST-ZIP							
TITLE			☐ Delete	TITLE							☐ Change	Addition
NAME				NAM	E							_
STREET ADDRESS					ET ADDRESS							
CITY-SI-ZIP			Пъ	-	- ST-ZIP						Character	A planter
NAME	· .		L_J Detete	TITLE							☐ Change	Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
11. Thereby of indicated	certify that the information	n supplied with t	his filing does not qualify fo	r the exe the same	mptions con a legal affec	ntained i it as if m	n Chapter 119 ade under oatl	, Florida Sta n: that I am	itutes. I fu a manan	rther certify ing memne	that the inf	ormation er of the
indicated limited lia	on this report is true and tolifty company or the rec	Laccurate and t	his filing does not qualify to hat my signature shall have empowered to execute this	the same	e legal effec	t as if m	ade under oatl	n; that I am	itutes. I fu a manag	rther certify ing membe	that the inf ir or manag	ormation er of the
indicated	on this report is true and tolifty company or the rec	Laccurate and t	hai my signature shall have	the same	e legal effec s required by	t as if m	ade under oatl er 608, Florida	n; that I am	a manag	ing membe	that the infer or manag	er of the