

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008882

1. Entity Name  
SUNMARK HOLDINGS, LLC

Principal Place of Business  
1271 LAQUINTA DRIVE, #4  
ORLANDO FL 32809

Mailing Address  
1271 LAQUINTA DRIVE, #4  
ORLANDO FL 32809

FILED

01 AUG -9 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2100 PRINCIPAL ROW

2100 PRINCIPAL ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

Suite 402

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Zip

Country

Country

32837

USA

32837

USA

4. FEI Number

APPLIED FOR

Applied For

59-3617193

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANISH, KATHLEEN  
1271 LAQUINTA DRIVE #4  
ORLANDO FL 32809

Name

ROBERT KIBLER

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

9714 CAMBERLEY CIRCLE

City

ORLANDO

FL

Zip Code

32836

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

ROBERT KIBLER

8/6/01

Signature, type or print 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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME ANISH, KATHLEEN  
STREET ADDRESS 3437 COCARD CT.  
CITY-ST-ZIP WINDEMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME KIBLER, ROBERT  
STREET ADDRESS 5416 RUSTIC PINE CT.  
CITY-ST-ZIP ORLANDO FL 32811

TITLE MGRM  
NAME KIBLER, ROBERT  
STREET ADDRESS 9714 CAMBERLEY CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

ROBERT KIBLER 8/6/01 407-425-6603

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

Date

Daytime Phone #

CR2E083 (5/01)