

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90101 019 \*\*\*\*50.00

**DOCUMENT # L99000008882**

1. Entity Name  
**SUNMARK HOLDINGS, LLC**



Principal Place of Business  
**9580 DELEGATES DRIVE  
ORLANDO, FL 32837**

Mailing Address  
**9580 DELEGATES DRIVE  
ORLANDO, FL 32837**

**20003304**



2. Principal Place of Business

**9584 DELEGATES DR.**

Suite, Apt. #, etc.

**0**

3. Mailing Address

**9584 DELEGATES DR**

Suite, Apt. #, etc.

01182005 Chg-LLC CR2E083 (10/03)

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number

**59-3617193**

Applied For

Not Applicable

Zip

**32837**

Country

Zip

**32837**

Country

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

6. Name and Address of Current Registered Agent

**KIBLER, ROBERT  
9714 CAMBERLEY CIRCLE  
ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**ROBERT KIBLER**

Signature of individual name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/19/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ANISH, KATHLEEN**  
STREET ADDRESS **11000 BRIDGE HOUSE RD.**  
CITY-ST-ZIP **WINDEMERE, FL 34786**

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

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

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TITLE ☐ Change ☐ Addition  
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:

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

**1/19/05**

Date

**707-425-6603**

Daytime Phone #