

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90109 026 \*\*\*\*50.00

**DOCUMENT # M02000000123**

1. Entity Name  
**SUN TELECOMMUTE, LLC**



Principal Place of Business  
**5200 TOWN CENTER CIRCLE, #470  
BOCA RATON, FL 33486**

Mailing Address  
**5200 TOWN CENTER CIRCLE, #470  
BOCA RATON, FL 33486**

**24062425**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**01-0562081**

Applied For  
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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete  
NAME LEDER, MARC J  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, #470  
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE MGR ☒ Delete  
NAME KROUSE, RODGER R  
STREET ADDRESS 5200 TOWN CENTER CIRCLE, #470  
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

*KENN J CALHOUN*

*4/30/04*

*561-394-0550*

*Attached*

*See*

*att achment*

*24062475*  
*# m62600000b*

**LIST OF OFFICERS & MANAGERS OF  
SUN TELECOMMUTE, LLC  
(a Delaware limited liability company)**

The business address for the following Officers and Directors is 5200 Town Center Circle, Suite 470, Boca Raton, Florida 33486:

<b>MANAGER, CO-CHAIRMAN, CO-CEO &amp; SECRETARY:</b>	Rodger R. Krouse
<b>MANAGER, CO-CHAIRMAN, CO-CEO &amp; TREASURER:</b>	Marc J. Leder
<b>VICE PRESIDENT:</b>	Clarence E. Terry
<b>VICE PRESIDENT:</b>	David Kreilein
<b>VICE PRESIDENT:</b>	Kevin Calhoun
<b>VICE PRESIDENT AND ASSISTANT SECRETARY:</b>	C. Deryl Couch