

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000139247

**Entity Name:** SUN STREET HOME WATCH & CONCIERGE SERVICES LLC

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC5181978196**

**Current Principal Place of Business:**

2340 VANDERBILT BEACH ROAD  
#108  
NAPLES, FL 34109

**Current Mailing Address:**

2340 VANDERBILT BEACH ROAD  
#108  
NAPLES, FL 34109

**FEI Number:** 47-3029111

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARDER, DEBORAH H  
1809 TARPON BAY DRIVE S  
NAPLES, FL 34119 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                                 |                 |                                 |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Title           | MGR                             | Title           | MGR                             |
| Name            | BALDI, RICHARD P                | Name            | CARDER, DEBORAH H               |
| Address         | 2340 VANDERBILT BEACH ROAD #108 | Address         | 2340 VANDERBILT BEACH ROAD #108 |
| City-State-Zip: | NAPLES FL 34109                 | City-State-Zip: | NAPLES FL 34109                 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBORAH H CARDER

**MANAGER**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date