

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001522

Entity Name: SUN MACKIE, LLC**Current Principal Place of Business:**5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486**Current Mailing Address:**5200 TOWN CENTER CIRCLE, SUITE 600
BOCA RATON, FL 33486 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	VP & ASST. SECRETARY
Name	MCCONVERY, MICHAEL
Address	5200 TOWN CENTER CIRCLE, SUITE 600
City-State-Zip:	BOCA RATON FL 33486

Title	MANAGING MEMBER
Name	SUN CAPITAL PARTNERS III QP, LP
Address	5200 TOWN CENTER CIRCLE, SUITE 600
City-State-Zip:	BOCA RATON FL 33486

Title	MANAGING MEMBER
Name	SUN CAPITAL PARTNERS II, LP
Address	5200 TOWN CENTER CIRCLE, SUITE 600
City-State-Zip:	BOCA RATON FL 33486

Title	MANAGING MEMBER
Name	SUN CAPITAL PARTNERS III, LP
Address	5200 TOWN CENTER CIRCLE, SUITE 600
City-State-Zip:	BOCA RATON FL 33486

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: MICHAEL MCCONVERY**VP & ASST. SECRETARY 04/21/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date