2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2024
Secretary of State
8080753295CC

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Entity Name: SUN PALACE HOLDINGS LLC

Current Principal Place of Business:

1750 ESTERO BLVD FORT
MYERS BEACH, FL 33931

Current Mailing Address:

1750 ESTERO BLVD FORT
MYERS BEACH, FL 33931 US

FEI Number: 84-4039561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: STEPHEN CHANDLER 03/05/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	BRENNAN, WILLIAM	Name	OLIN, JACOBIE
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	HUNTER, TAD	Name	BLUEWATER TRADERS
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	DWYER, JAKOB	Name	LIGHTBAY INVESTMENT PARTNERS
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959
Title	MANAGER	Title	MANAGER
Name	OLIN, RYAN	Name	LBC CREDIT PARTNERS
Address	5301 S CROATAN HWY P.O. BOX 1807	Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959	City-State-Zip:	NAGS HEAD NC 27959

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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: DAVID REED AUTHORIZED PERSON 03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	MIKLAVIC, MIKE
Address	5301 S CROATAN HWY P.O. BOX 1807
City-State-Zip:	NAGS HEAD NC 27959