

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035121

FILED  
May 11, 2009  
Secretary of State

Entity Name: C-SUNSHINE PAINTING, L.L.C.

**Current Principal Place of Business:**

3326 HOOVER DRIVE  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

3326 HOOVER DRIVE  
HOLIDAY, FL 34691

**New Mailing Address:**

FEI Number: 26-1873389      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MASSA, CYNTHIA A  
3326 HOOVER DRIVE  
HOLIDAY, FL 34691      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MASSA, CYNTHIA A  
Address: 3326 HOOVER DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM      ( ) Delete  
Name: ACEVEDO, LINETTE  
Address: 3326 HOOVER DRIVE  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CYNTHIA A MASSA

MGRM

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date