

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090442

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE FINANCIAL & INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

6355 NW 36 STREET SUITE #509  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

6355 NW 36 STREET SUITE #500  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 NW 36 STREET SUITE #509  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

6355 NW 36 STREET SUITE #500  
VIRGINIA GARDENS, FL 33166

FEI Number: 27-3362951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOTOMAYOR, PEDRO A  
6355 NW 36 STREET SUITE #500  
VIRGINIA GARDENS, FL 33166 US

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

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: MGR  
Name: SOTOMAYOR, PEDRO A  
Address: 6355 NW 36 STREET SUITE #500  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: MGR  
Name: HARTMAN, PAUL F  
Address: 6355 NW 36 STREET SUITE #500  
City-St-Zip: VIRGINIA GARDENS, FL 33166

I hereby 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: PEDRO A. SOTOMAYOR

MGR

03/23/2012

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