

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081681

**FILED**  
**Mar 21, 2013**  
**Secretary of State**  
**CC2200945343**

**Entity Name:** SUNSHINE GAMES & INFLATABLES, LLC

**Current Principal Place of Business:**

11303 LOUISA MAY WAY  
RIVERVIEW, FL 33569

**Current Mailing Address:**

11303 LOUISA MAY WAY  
RIVERVIEW, FL 33569

**FEI Number:** 02-0748003

**Certificate of Status Desired:** No

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

JONES, JAMES M  
11303 LOUISA MAY WAY  
RIVERVIEW, FL 33569 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 MGRM  
Name JONES, JAMES M  
Address 11303 LOUISA MAY WAY  
City-State-Zip: RIVERVIEW FL 33569

Title PART  
Name JONES, KATHLEEN  
Address 11303 LOUISA MAY WAY  
City-State-Zip: RIVERVIEW FL 33569

Title NA  
Name NA, NA  
Address 11303 LOUISA MAY WAY  
City-State-Zip: RIVERVIEW FL 33569

Title NA  
Name NA, NA  
Address 11303 LOUISA MAY WAY  
City-State-Zip: RIVERVIEW FL 33569

Title NA  
Name NA, NA  
Address 11303 LOUISA MAY WAY  
City-State-Zip: RIVERVIEW FL 33569

Title NA  
Name NA, NA  
Address 11303 LOUISA MAY WAY  
City-State-Zip: RIVERVIEW FL 33569

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES M. JONES

**MGR PARTNER**

**03/21/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date