

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090442

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-3362951

**Certificate of Status Desired:** No

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

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

*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:** PEDRO SOTOMAYOR

**MGR.**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date