## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000119400

Entity Name: SUNSHINE INSURANCE GROUP, LLC.

**Current Principal Place of Business:** 

13766 MANDARIN ROAD JACKSONVILLE. FL 32223

**Current Mailing Address:** 

13766 MANDARIN ROAD JACKSONVILLE, FL 32223

FEI Number: 59-1036629 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JO ANNE G 13766 MANDARIN ROAD JACKSONVILLE, FL 32223 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: JO ANNE G. SMITH 05/13/2015

Electronic Signature of Registered Agent

Date

FILED May 13, 2015

**Secretary of State** 

CR9092075557

Authorized Person(s) Detail:

Title MGR Title MGR

Name SMITH, JO ANNE G Name SMITH, WILSON L

Address 13766 MANDARIN ROAD Address 13766 MANDARIN ROAD

City-State-Zip: JACKSONVILLE FL 32223 City-State-Zip: JACKSONVILLE FL 32223

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: WILSON L. SMITH

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

05/13/2015