

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000029919

**Entity Name:** SUNSHINE FINANCE GROUP LLC

**Current Principal Place of Business:**

401 69TH ST  
#712  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

PO BOX 2496  
STATELINE, NV 89449 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SAMOVILLE, CHRISTIE  
300 71ST ST  
#308  
MIAMI, FL 33141 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 AMBR  
Name SAMOVILLE, CHRISTIE  
Address 401 69TH ST  
712  
City-State-Zip: MIAMI BEACH FL 33141

*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:** CHRISTIE SAMOVILLE

AMBR

04/28/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date