

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 29, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000012934**1. Entity Name  
SUNSHINE CAR IMPORT, LC

Principal Place of Business 745 N.E. 19TH PLACE  CAPE CORAL FL 33913	Mailing Address P.O. BOX 100124  CAPE CORAL FL 33910
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
**65-1047942**Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLONSKY KLAUS  
745 N.E. 19TH PLACE

CAPE CORAL FL 33913 US

Name  
PLONSKY KLAUSStreet Address (P.O. Box Number is Not Acceptable)  
745 N.E. 19TH PLACE

City CAPE CORAL FL Zip Code 33903

8. 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 \_\_\_\_\_ DATE **06/29/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KUITKOWSKI FRANK	
STREET ADDRESS	4708 S.E. 5TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PLONSKY KLAUS	
STREET ADDRESS	3623 S.E. 16TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Frank Kuitkowski Mr 06/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)