

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 14, 2003 8:00 am
Secretary of State

01-16-2003 90228 042 ****50.00

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

2. Principal Place of Business

745 NE 19th Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

33903

Country

U.S.A

Country

4. FEI Number **65-1047942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLONSKY, KLAUS

**745 N.E. 19TH PLACE
CAPE CORAL FL 33903**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PLONSKY, KLAUS
3623 S.E. 16TH PLACE
CAPE CORAL FL 33904**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP
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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:

SIGNATURE REQUIRED

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

13 Jan 03

Date

239-458-1020

Daytime Phone #

CR2E083 (10/02)