5/15/2002-90138-022-$50.00-$50.00

2002 ~~2003~~ UNIFORM ~~BUSINESS~~ REPORT (UBR)

DOCUMENT # L01000003902

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 17 AM 11:13

1. Entity Name
SUNSHINE SUMMIT, LLC

Principal Place of Business	Mailing Address
215 QUAYSIDE CIRCLE MAITLAND FL 32751	215 QUAYSIDE CIRCLE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
251 MAITLAND AVE.	251 MAITLAND AVE.
Suite, Apt. #, etc. SUITE 307B	Suite, Apt. #, etc. SUITE 307B
City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL
Zip: 32701 Country: US	Zip: 32701 Country: US

4. FEI Number: 59-3719225 ☐ Applied For ☐ Not Applicable

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
PINO, MARIA LUISA 215 QUAYSIDE CIRCLE MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) 251 MAITLAND AVE. SUITE 307B City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: María Luisa Pino
Signature, typed or printed name of registered agent and title if applicable.
MARIA LUISA PINO
(NOTE: Registered Agent signature required when reinstating)
DATE: 2/23/02

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: PINO Y TORRES, JOSE L. STREET ADDRESS: 702 FAIR OAKS LANE CITY-ST-ZIP: MAITLAND FL 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 02 FF $50 03 FF $50	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700012697637 02/18/03--01044--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition lost 2/14/03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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 JOSE L. PINO Y TORRES, MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #