
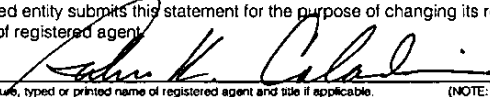
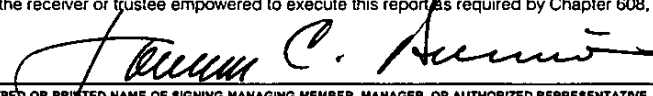


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90032 011 \*\*\*\*50.00

<b>DOCUMENT # L01000006042</b>					
<b>1. Entity Name</b> SUNSHINE ROOFING AND CONSULTING, LLC					
<b>Principal Place of Business</b> 2520 HANSROB ROAD ORLANDO, FL 32804			<b>Mailing Address</b> 6217 INDIAN MEADOW ORLANDO, FL 32819		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 20 N. Orange Ave, Suite 600			
City & State		City & State Orlando, Florida			
Zip	Country	Zip 32801	Country USA	01242006    Chg-LLC    CR2E083 (11/05)	
<b>4. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>4. FEI Number</b> 59-3710601	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CALANDRINO LAW FIRM PA 601 N MAGNOLIA AVE SUITE 300 ORLANDO, FL 32801			Name Hendry, Stoner, Calandrino & Brown, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 North Orange Avenue, Suite 600 City Orlando <b>FL</b> Zip Code 32801		
<b>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.</b>					
SIGNATURE 			DATE 4-12-06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, JAMES C 6217 INDIAN MEADOW ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, JAMES C 6217 INDIAN MEADOW ORLANDO, FL 32819	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, JAMES C 6217 INDIAN MEADOW ORLANDO, FL 32819	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 			Date 3-1-06    407-834-8348		
Signature and typed or printed name of signing managing member, manager, or authorized representative			Daytime Phone #		