

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
05-12-2002 90609 006 \*\*\*\*50.00

DOCUMENT # L 01000008686

1. Entity Name  
**SUNSHINE OUTDOORS & MARKETING LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**10821nSW 146 AVENUE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

Zip **33186**

Country

Zip

Country

4. FEI Number **65-1109199**

Applied For

Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name **JAIRO E LAFAURIE**

Street Address (P.O. Box Number is Not Acceptable)  
**10821 SW 146 AVENUE**

City **MIAMI**

**FL**

Zip Code  
**33186**

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JAIRO E LAFAURIE  
10821 SW 146 AVENUE  
MIAMI, FLORIDA, 33186**

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

Date

Daytime Phone #

**4-29-02 / 305-385-4262**