

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 036 \*\*\*\*50.00

0075535

**DOCUMENT # L01000008686**

1. Entity Name

**SUNSHINE OUTDOORS AND MARKETING, LLC**



Principal Place of Business

137711 SW 84 STREET  
#C  
MIAMI FL 33183

Mailing Address

137711 SW 84 STREET  
#C  
MIAMI FL 33183

2. Principal Place of Business

13711 SW 84 ST

3. Mailing Address

13711 SW 84 ST

Suite, Apt. #, etc.

# C

Suite, Apt. #, etc.

# C

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33183

Country

DADE

Zip

33183

Country

DADE

4. FEI Number

65-1109199

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LAFABURIE, JAIRO  
10821 SW 146 AVE  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **JAIRO LAFABURIE**

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

13711 SW 84 ST # C

City

MIAMI,

FL

Zip Code  
33183

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)

DATE

4-25-03

**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 **MGRM LAFABURIE, JAIRO** ☐ Delete  
STREET ADDRESS **10821 SW 146 AVE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM LAFABURIE, JAIRO** ☒ Change ☐ Addition  
STREET ADDRESS **13711 SW 84 ST # C**  
CITY-ST-ZIP **MIAMI, FLORIDA, 33183**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4-25-03 / 305-2511700  
786-6238775

CR2E083 (10/02)