

APR -21' 04 (WED) 09:30

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90122 038 ****50.00

DOCUMENT # L01000011472**1. Entity Name**
SUNNY TRANSFERS, LLC**Principal Place of Business**
455 SW 8TH STREET
MIAMI, FL 33130**Mailing Address**
455 SW 8TH STREET
MIAMI, FL 33130**2. Principal Place of Business**
601 Brickell Key Drive
Suite, Apt. #, etc.
Suite 604**3. Mailing Address**
601 Brickell Key Drive
Suite, Apt. #, etc.
Suite 604**City & State**
Miami, Florida 33131**City & State**
Miami, Florida 33131**Zip**
33131 **Country** **US****Zip**
33131 **Country** **US**

04082004 Cdn-LLC CR2E083 (10/03)

4. FEI Number
65-1121890**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****ALVARO CASTILLO B., P.A.**
1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131**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 relinquishing)

DATE

4-27-04

Filing Fee is \$50.00
Due by May 1, 2004**Make check payable to**
Florida Department of State**9. MANAGING MEMBERS/MANAGERS****TITLE** **MGR** ☐ **Delete**
NAME **OCEAN CASH INC.**
STREET ADDRESS **455 SW 8TH STREET**
CITY-ST-ZIP **MIAMI, FL 33130****TITLE** **MGR** ☒ **Delete**
NAME **OCEAN 321, INC.**
STREET ADDRESS **1390 BRICKELL AVE. SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33131****TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Delete**
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CITY-ST-ZIP**TITLE** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS/CHANGES****TITLE** **MGR** ☒ **Change** ☐ **Addition**
NAME **Ocean Cash Inc.**
STREET ADDRESS **601 Brickell Key Drive, Suite 604**
CITY-ST-ZIP **Miami, Florida 33131****TITLE** **MGR** ☐ **Change** ☒ **Addition**
NAME **One United, LLC**
STREET ADDRESS **601 Brickell Key Drive, Suite 604**
CITY-ST-ZIP **Miami, Florida 33131****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
NAME
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 606, Florida Statutes.****SIGNATURE:**

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

Genaro Diaz President Ocean Cash Inc.

(305) 571-5540

Date 4-27-04

Daytime Phone

Received Apr-21-2004 09:24am

From-

To-

Page 003