

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90609 007 \*\*\*\*50.00

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

DOCUMENT # L01000016618

1. Entity Name

SUNSHINE DISTRIBUTORS, LLC**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

408 WHISPERING LAKES BLVD.

3. Mailing Address

408 WHISPERING LAKES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

TARPON SPRINGS, FL.

City &amp; State

TARPON SPRINGS, FL.

4. FEI Number

59-3748504

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**34689PINELLAS34689PINELLAS

7. Name and Address of Current Registered Agent

Name

KAREN BISHOP WOOD

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

408 WHISPERING LAKES BLVD.

City

TARPON SPRINGS

FL

Zip Code

34689**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

Karen Bishop WoodAPRIL 30, 2002

Signature, typed or printed name of registered agent (not applicable)

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1.

9. MANAGING MEMBERS/MANAGERS

TITLE	<u>D</u>
NAME	<u>KAREN BISHOP</u>
STREET ADDRESS	<u>408 WHISPERING LAKES BLVD</u>
CITY- ST- ZIP	<u>TARPON SPRINGS, FL 34689</u>

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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:

Karen Bishop WoodAPRIL 30, 2002 (727) 773-4322

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

Date

Displaying Phone #

CKB1006

CR2E083B (12/01)