LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED ATX1
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L02000003565

1. Entity Name

Florida Sunshine Homes LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
500 S R 436 Ste. 2016			
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State	
Zip 32707	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0612189 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
SINGH, BALWINDER

Street Address (P.O. Box Number is Not Acceptable)
500 STATE ROAD 436, STE 2016

City: CASSELBERRY FL Zip Code: 32707

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. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	SINGH, BALWINDER	NAME	
STREET ADDRESS	500 STATE ROAD 436, STE 2016	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY, FL 32707	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	HARDIP SINGH DHARIWAL	NAME	
STREET ADDRESS	5036 DR. PHILIPS BLVD, 201	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

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: Balwinder Singh 4-6-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #