

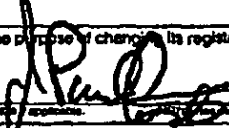
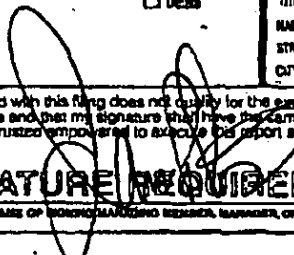
FILED
Jun 30, 2003 8:00 am
Secretary of State

04-25-2003 90749 036 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/2
4/2:
4/

44005178

DOCUMENT # L02000005337			
1. Entity Name SUNSHINE OPERATIONS OF LAKE, LLC			
Principal Place of Business 9535 SILVER LAKE DR. LEECSBURG FL 34788		Mailing Address 9535 SILVER LAKE DR. LEECSBURG FL 34788	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FB Number 14-1886234		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTELLO, JAMES P. 9535 SILVER LAKE DR. LEECSBURG FL 34788		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 		DATE 5/15/03	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PRES JAMES P. COSTELLO 9535 SILVER LAKE DR LEECSBURG FL 34788			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 		DATE 5/15/03	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Attachment #L02000005337

Form **SS-4**
(Rev. August 1989)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

EIN XXXXXXXXXX
OMB No. 1545-0003
Expires 7-31-91 **44005178**

1 Name of applicant (True legal name) (See instructions.)
SUNSHINE OPERATIONS OF LAKE LLC

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of name"

4a Mailing address (street address) (room, apt., or suite no.)
9535 SILVER LAKE DRIVE

4b City, state, and ZIP code
LEESBURG FL 34788

5a Address of business. (See instructions.)

5b City, state, and ZIP code

6 County and state where principal business is located
LAKE COUNTY FLORIDA

7 Name of principal officer, grantor, or general partner. (See instructions.)
JAMES P. COSTELLO

8a Type of entity (Check only one box.) (See instructions.)

☐ Individual SSN	☐ Estate	☐ Trust
☐ REMIC	☐ Plan administrator SSN	☐ Partnership
☐ State/local government	☐ Personal service corp.	☐ Other corporation (specify)
☐ Other nonprofit organization (specify)	☐ Federal government/military	☐ Church or church-controlled organization
☒ Other (specify) LLC	If nonprofit organization enter GEN (if applicable)	

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

Foreign country	State
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9 Reason for applying (Check only one box)

☒ Started new business	☐ Changed type of organization (specify)
☒ Hired employees	☐ Purchased going business
☐ Created a pension plan (specify type)	☐ Created a trust (specify)
☐ Banking purpose (specify)	☐ Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)

11 Enter closing month of accounting year. (See instructions.)
12/31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Does the applicant operate more than one place of business?
If "Yes," enter name of business.

15 Principal activity or service (See instructions.)

16 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used

17 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)	☐ Business (wholesale)	☒ N/A
☐ Other (specify)		

18a Has the applicant ever applied for an identification number for this or any other business?
Note: If "Yes," please complete lines 18b and 18c.

☐ Yes	☒ No
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18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name	Trade name
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18c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.)

Signature **[Signature]** Date **5/28/03**

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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