

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0019151

DOCUMENT # L02000017532

1. Entity Name  
**SUNSHINEMLS, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:22

192  
10/08

Principal Place of Business

1445 PINE RIDGE ROAD  
NAPLES FL 34109

Mailing Address

1445 PINE RIDGE ROAD  
NAPLES FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-1420857**

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

7. Name and Address of New Registered Agent

**RICHARDSON, MICHAEL**  
1445 PINE RIDGE ROAD  
NAPLES FL 34109

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

*N/A*

*N/A*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*SIGNATURE REQUIRED*

9/24/03

239-597-1666

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

Date

Daytime Phone #

CR2E083 (4/03)

292

SUNSHINEMLS, LLC  
BOARD OF MANAGERS  
AS OF JANUARY 1, 2003

TITLE: CHAIRMAN  
NAME: TOM PIERCE  
STREET ADDRESS: 2840 WINKLER AVENUE  
CITY-ST-ZIP: FORT MYERS, FLORIDA 33916

TITLE: TRESURER  
NAME: RAINER FILTHAUT  
STREET ADDRESS: 1455 PINE RIDGE ROAD  
CITY-ST-ZIP: NAPLES, FLORIDA 34109

TITLE: SECRETARY  
NAME: PENNY HOOK  
STREET ADDRESS: 27313 OLD 41 ROAD S.E.  
CITY-ST-ZIP: BONITA SPRINGS, FLORIDA 34135

TITLE: MANAGER  
NAME: LISA ELLIOTT  
STREET ADDRESS: 2840 WINKLER AVENUE  
CITY-ST-ZIP: FORT MYERS, FLORIDA 33916

TITLE: MANAGER  
NAME: AL FERRI  
STREET ADDRESS: 2840 WINKLER AVENUE  
CITY-ST-ZIP: FORT MYERS, FLORIDA 33916

TITLE: MANAGER  
NAME: PEGGY HUMMEL  
STREET ADDRESS: 2840 WINKLER AVENUE  
CITY-ST-ZIP: FORT MYERS, FLORIDA 33916

TITLE: MANAGER  
NAME: CINDY KRUESI  
STREET ADDRESS: 1455 PINE RIDGE ROAD  
CITY-ST-ZIP: NAPLES, FLORIDA 34109

TITLE: MANAGER  
NAME: BRUCE MAZZOLA  
STREET ADDRESS: 27313 OLD 41 ROAD S.E.  
CITY-ST-ZIP: BONITA SPRINGS, FLORIDA 34135

TITLE: MANAGER  
NAME: DAVID MORTON  
STREET ADDRESS: 27313 OLD 41 ROAD S.E.  
CITY-ST-ZIP: BONITA SPRINGS, FLORIDA 34135

TITLE: MANAGER  
NAME: MICHAEL RICHARDSON  
STREET ADDRESS: 1455 PINE RIDGE ROAD  
CITY-ST-ZIP: NAPLES, FLORIDA 34109

TITLE: MANAGER  
NAME: FRANKLIN SULLIVAN  
STREET ADDRESS: 1455 PINE RIDGE ROAD  
CITY-ST-ZIP: NAPLES, FLORIDA 34109

TITLE: MANAGER  
NAME: CAMERON PAINE  
STREET ADDRESS: 27313 OLD 41 ROAD S.E.  
CITY-ST-ZIP: BONITA SPRINGS, FLORIDA 34135

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