

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-01-2003 90031 038 ****55.00

DOCUMENT # L02000018088

1. Entity Name
SUNSHINE ENTERPRISES, LLC



Principal Place of Business
**8931 CONFERENCE DRIVE, STE. 7
FORT MYERS FL 33919**

Mailing Address
**8931 CONFERENCE DRIVE, STE. 7
FORT MYERS FL 33919**

2. Principal Place of Business
Suite, Apt. #, etc. *Above is correct*
City & State
Zip Country *Lee*

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
76-0704247

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUDDEN, EDWARD J
8931 CONFERENCE DRIVE, STE. 7
FORT MYERS FL 33919**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edward J Ludden <input type="checkbox"/> Delete 8931 Conference MGRM Dr. St. 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ft. Myers, FL <input type="checkbox"/> Delete 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald J Scarcello 4100 Steamboat MGR Bend E. # 302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ft. Myers, FL <input type="checkbox"/> Delete 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/25/03 **239**
432
5200

Date

Daytime Phone #

CR2E083 (10/02)