LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State
04-29-2005 90050 022 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000004736

1. Entity Name
SONSHINE COUNTERTOP & TUB REPAIR, LLC

Principal Place of Business	Mailing Address
4001 SOUTH OCEAN DR., #11M HOLLYWOOD FL 33019	P.O. BOX 15128 FORT LAUDERDALE FL 33318

2. Principal Place of Business		3. Mailing Address	
21113 Johnston St.			
Suite, Apt. #, etc. #126		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State	
Zip 33029	Country	Zip	Country

4. FEI Number: 06-1677028 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERMUDEZ, CARLOS 4001 SOUTH OCEAN DR., #11M HOLLYWOOD FL 33019	Name: Bermudez Carlos Street Address (P.O. Box Number is Not Acceptable): 21113 Johnston St. #126 City: Pembroke Pines FL Zip Code: 33029

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] 4-7-05
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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member, owner Carlos Bermudez 18322 Whitehall Ln. Newalla, OK 74857	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tara Bermudez 18322 Whitehall Ln. Newalla, OK 74857	☐ 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)(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] 4-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #