

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90050 022 ****50.00

DOCUMENT # L03000004736	
1. Entity Name SONSHINE COUNTERTOP & TUB REPAIR, LLC	

Principal Place of Business 4001 SOUTH OCEAN DR., #11M HOLLYWOOD FL 33019	Mailing Address P.O. BOX 15128 FORT LAUDERDALE FL 33318
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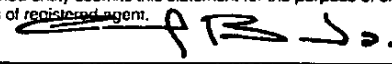
2. Principal Place of Business 2113 Johnston St. Suite, Apt. #, etc. #126	3. Mailing Address Suite, Apt. #, etc.
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City & State Pembroke Pines, FL	City & State
Zip 33029	Country

4. FEI Number 06-1679028	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

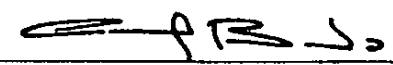
6. Name and Address of Current Registered Agent	
BERMUDEZ, CARLOS 4001 SOUTH OCEAN DR., #11M HOLLYWOOD FL 33019	

7. Name and Address of New Registered Agent	
Name Bermudez, Carlos	
Street Address (P.O. Box Number is Not Acceptable) 2113 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 	DATE 4-7-05

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE managing member, owner	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Carlos Bermudez		NAME	
STREET ADDRESS 18322 Whitehall Ln.		STREET ADDRESS	
CITY-ST-ZIP Newalla, OK 74857		CITY-ST-ZIP	
TITLE Secretary	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Tara Bermudez		NAME	
STREET ADDRESS 18322 Whitehall Ln.		STREET ADDRESS	
CITY-ST-ZIP Newalla, OK 74857		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE 4-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	