

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000033747

1. Entity Name

WINTER PARK SUNSHINE HOLDINGS, LLC



Principal Place of Business

1800 NORTH DOUGLAS RD., STE. 200
PEMBROKE PINES, FL 33024-3200

Mailing Address

1800 NORTH DOUGLAS RD., STE. 200
PEMBROKE PINES, FL 33024-3200



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1603447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHN, DAVID L
1800 NORTH DOUGLAS RD., STE. 200
PEMBROKE PINES, FL 33024-3200

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOHN, DAVID L
STREET ADDRESS	1800 NORTH DOUGLAS ROAD, SUITE 200
CITY - ST - ZIP	PEMBROKE PINES, FL 330243200

TITLE	MGRM
NAME	MILLER, ROBERT H
STREET ADDRESS	1800 NORTH DOUGLAS ROAD SUITE 200
CITY - ST - ZIP	PEMBROKE PINES, FL 33024

TITLE	MGRM
NAME	LEGG, ROBERT P
STREET ADDRESS	1800 NORTH DOUGLAS ROAD SUITE 200
CITY - ST - ZIP	PEMBROKE PINES, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000826476
02/21/08-80050-018 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/8/08

954-436-7000