

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 DEC 29 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000001125

1. Entity Name  
SUNSHINE PROPERTY INVESTMENTS LLC



Principal Place of Business  
9858 GLADES RD  
112  
BOCA RATON, FL 33434

Mailing Address  
9858 GLADES RD  
112  
BOCA RATON, FL 33434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12202005 REIN-LLC

CR2E101 (6/04)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, JOHN  
131 NE 1ST AVE  
101  
BOCA RATON, FL 33432

Name

ALAN NATHAN

Street Address (P.O. Box Number is Not Acceptable)

9858 GLADES ROAD

City

Boca Raton

FL

Zip Code

33434

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

*Alan Nathan*

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

(NOTE: Registered Agent signature required when reinstating)

12/23/05

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
NUNZIATA, RICHARD ☐ Delete  
STREET ADDRESS 9858 GLADES RD #112  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700062470737  
CITY-ST-ZIP 12/29/05--01028--007 \*\*\$50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 605, Florida Statutes

SIGNATURE

*Alan Nathan*

12/23/05 917-750-6310

REINSTATEMENT 2005