

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013389

Entity Name

SUNSHINE MARKETING SERVICES, L.L.C.



Principal Place of Business

1019 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572

Mailing Address

P.O. BOX 3509
APOLLO BEACH, FL 33572



01192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1085117

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OGRODOWSKI, RICHARD
1019 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572

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IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

MANAGING MEMBERS/MANAGERS

MGRM	OGRODOWSKI, RICHARD
HOME ADDRESS	1019 SYMPHONY ISLES BLVD.
ST-ZIP	APOLLO BEACH, FL 33572
MGRM	STRAUB, ROBERT
HOME ADDRESS	1445 JUMANA LOOP
ST-ZIP	APOLLO BEACH, FL 33572
HOME ADDRESS	
ST-ZIP	
HOME ADDRESS	
ST-ZIP	
HOME ADDRESS	
ST-ZIP	

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01/30/06-80083-012 50.00

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IN THIS SPACE**

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:

Robert A. Straub

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

Date

1/19/06

Daytime Phone #

813-649-0090

X201