2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000013389

1. Entity Name
SUNSHINE MARKETING SERVICES, L.L.C.

Principal Place of Business	Mailing Address
1019 SYMPHONY ISLES BLVD. APOLLO BEACH, FL 33572	P.O. BOX 3509 APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
33-1085117	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

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	OGRODOWSKI, RICHARD
STREET ADDRESS	1019 SYMPHONY ISLES BLVD.
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	MGRM
NAME	STRAUB, ROBERT
STREET ADDRESS	1445 JUMANA LOOP
CITY-ST-ZIP	APOLLO BEACH, FL 33572

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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01/11/08-80026-025 138.75

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: _Robert Straub_   1/9/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #