

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031995

FILED
Jan 07, 2008
Secretary of State

Entity Name: SUNSHINE GOOD CARE, LLC

Current Principal Place of Business:

1800 W 49TH ST..
SUITE 103
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1800 W 49TH ST..
SUITE 103
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 41-2135508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REKBLATT, GEORGE
16400 COLLINS AVE
SUITE 546
MIAMI, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REKBLATT, GEORGE
Address: 16400 COLLINS AVE. APT. 546
City-St-Zip: MIAMI, FL 33160 US

Title: MGRM () Delete
Name: DALIS, MICHAEL
Address: 209 GOLDEN BEACH DR.
City-St-Zip: N. MIAMI BEACH, FL 33160 US

Title: MGRM () Delete
Name: SHVARTSMAN, YURIY
Address: 3001 S. OCEAN DR. APT. 409
City-St-Zip: HALLANDALE, FL 33019 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SHVARTSMAN, YURIY
Address: 3101 S. OCEAN DR. APT. 907
City-St-Zip: HALLANDALE, FL 33019 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE REKBLATT

MGRM

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date