

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90154 044 ****50.00

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01162006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000044984 1. Entity Name SONLIGHT FOODS, LLC					
Principal Place of Business 2016 NE 29TH COURT FORT LAUDERDALE, FL 33306 US			Mailing Address 2016 NE 29TH COURT FORT LAUDERDALE, FL 33306 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 34-2005655				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOCAN, AZİZ 2016 NE 29TH COURT FORT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOCAN, ERCAN 2016 NE 29TH COURT FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MANAGING MEMBER KOCAN, ERCAN 2016 NE 29TH COURT FORT LAUDERDALE, FL 33306
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			02KAN KOCAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 01.20.06 Daytime Phone # 954-630-0582		