

ANNUAL REPORT

DOCUMENT # L04000056105

1. Entity Name
GATEHOUSE SUNSHADOW, LLC



6/9/2006-90253-001-\$160.00-\$50.00
FILED

07 SEP 26 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**3822 WEST 12TH AVENUE
HIALEAH, FL 33012**

Mailing Address
**3822 WEST 12TH AVENUE
HIALEAH, FL 33012**

1. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

04112008 Chg-LLC CR2E08J (11/05)

4. FEI Number
20-1423789

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAYON, MAURICE
3857 West 16 Avenue
Hialeah, FL. 33012**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, name or printed name of registered agent and fee application (NOTE: Registered Agent signature required when reappointing)

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

**Make check payable to
Florida Department of State**

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MR MGR CAYON, MAURICE 3857 West 16 Avenue Hialeah, FL. 33012	<input type="checkbox"/> Delete	MR NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100109899441 09/25/07--01042--007 **50.00
MR NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	MR NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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MR NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	MR NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Date

Declare Print #