

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075501

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** SUNSHINE CAFE OF CAPTIVA, LLC

**Current Principal Place of Business:**

11508 ANDY ROSSE LANE  
CAPTIVA, FL 33924

**New Principal Place of Business:**

14900 CAPTIVA RD  
CAPTIVA, FL 33924

**Current Mailing Address:**

P.O. BOX 848  
CAPTIVA, FL 33924

**New Mailing Address:**

**FEI Number:** 20-1758658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDRA STILWELL  
11508 ANDY ROSSE LANE  
CAPTIVA  
CAPTIVA, FL 33924 US

**Name and Address of New Registered Agent:**

SANDRA STILWELL  
14900 CAPTIVA RD  
CAPTIVA  
CAPTIVA, FL 33924 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STILWELL, SANDRA K  
Address: P.O. BOX 848  
City-St-Zip: CAPTIVA, FL 33924

**ADDITIONS/CHANGES:**

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

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: SANDRA STILWELL

MGR

03/20/2009

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