

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084811

1. Entity Name
SUNSHINE SIDING, LLC



FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
8806 BRIGHT OAK CIRCLE
MILTON, FL 32583 US

Mailing Address
8806 BRIGHT OAK CIRCLE
MILTON, FL 32583 US



07092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1935661	<input checked="" type="checkbox"/> 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

CULVER, PORTER W SR.
8806 BRIGHT OAK CIRCLE
MILTON, FL 32583

**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 Porter W Culver Sr PORTER W. CULVER SR 7/9/08
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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954235
07/11/08-80003-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULVER, PORTER W SR. 8806 BRIGHT OAK CIRCLE MILTON, FL 32583
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IN THIS SPACE**

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: Porter W. Culver Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/9/08 850-393-4986
Date Daytime Phone #