

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084822

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA SUNSHINE INVESTMENTS, L.L.C.

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD #103
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1820 N CORPORATE LAKES BLVD STE 103
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 20-1920283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, JUAN C
1820 NORTH CORPORATE LAKES BLVD
SUITE 105
WESTON, FL 33326 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: DOMINGUEZ, JUAN C
Address: 1875 HARBOR VIEW CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: MGRM () Delete
Name: BERNARDINI, AUGUSTO
Address: 1779 HARBOR VIEW CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: MGR () Delete
Name: PALACIOS, LYDA
Address: 1341 CROSSBILL CT
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

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

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

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: JUAN CARLOS DOMINGUEZ

MMGR

04/17/2009

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