

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN 28 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK



06192006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-395781** Applied For ☒ Not Applicable

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

DOCUMENT # L04000092620

1. Entity Name
SUNSHINE HOME IMPROVEMENTS, LLC



Principal Place of Business
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

Mailing Address
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

2. Principal Place of Business
515 EAST PARK AVE

3. Mailing Address
515 EAST PARK AVE

Suite, Apt. #, etc.

City & State
Tallahassee FL

Zip
32301

Country

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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 *300077162333*
*07/07/06--01051--025 **\$0.00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	10. ADDITIONS/CHANGES
	MGRM			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	HEPP, EDUARDO			
	103-N-MERIDIAN-ST			
	TALLAHASSEE, FL 32301			
				<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
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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: *Hepp* *EDUARDO HEPP* *305525 0500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone