

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002950

Entity Name: SUNSHINE TRUSTS, LLC

FILED  
Apr 26, 2009  
Secretary of State

**Current Principal Place of Business:**

3602 BROADWAY  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 110056  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 20-2135313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOLLAR, EDITA  
3602 BROADWAY  
FORT MYERS, FL 33901 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: MNGR ( ) Delete  
Name: KOLLAR, EDITA  
Address: PO BOX 110056  
City-St-Zip: NAPLES, FL 34108

**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: EDITA KOLLAR

M

04/26/2009

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