


FILED
Jul 28, 2006 8:00 am
Secretary of State

05-09-2006 90008 013 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

30012288

DOCUMENT # L05000018904					
1. Entity Name SOUL SHINE "LLC"					
Principal Place of Business HC 3 BOX 98710 MEXICO BEACH, FL 32456 US			Mailing Address HC 3 BOX 98710 MEXICO BEACH, FL 32456 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 07242006 Chg-LLC CR2E083 (11/05)	
				<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				7. Name and Address of New Registered Agent	
STACI, EUBANKS HC 3 BOX 98710 MEXICO BEACH, FL 32456				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STACI, EUBANKS SCATURRO HC 3 BOX 98710 MEXICO BEACH, FL 32456	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Staci Eubanks</i>				Date: <i>7-24-06</i> Daytime Phone #: <i>(850) 648-1010</i>	

ATTACHMENT
30012288
HLO5000018904

KAY W. EUBANKS
LIC. E152-519-46-949-0
CELL 850-227-4636
HC 3, BOX 98710
MEXICO BEACH, FL 32456

63-8253/832
0000005108

1906

DATE 12-22-36

PAY TO
THE ORDER OF

Florida Dept. of State

\$50.00

DOLLARS

7

MP

BAYSIDE

SAVINGS BANK
Port St. Joe, Florida 32458
Ph: 850-228-7700

Golden Classic

MEMO

F. J. Sullivan

[Handwritten signature]

SPECIALTY BLUE