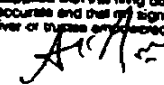


FILED
Jun 26, 2006 8:00 am
Secretary of State

05-08-2006 90042 038 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000037993			
1. Entity Name EVERSHINE JOY, L.L.C.			
Principal Place of Business 52 SOUTH CENTER STREET ORMOND BEACH, FL 32174		Mailing Address 52 SOUTH CENTER STREET ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number N/A		5. Certificate of Status Desired ☐ SC ☒ Additional	
6. Name and Address of Current Registered Agent AKBARALI, ALNOOR 52 SOUTH CENTER STREET ORMOND BEACH, FL 32174			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State 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 _____ Signature typed in printed name of registered agent and date of application DATE: _____			
Filing Fee is \$35.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGED MEMBERS / MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 170, 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 606, Florida Statutes.			
SIGNATURE: 		4/26 386437 2529	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OFFICER, OR AUTHORIZED REPRESENTATIVE			