

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000056074**

1. Entity Name

SONSHINE INVESTMENTS LLC



Principal Place of Business

18600 SW 204 STREET  
MIAMI, FL 33187

Mailing Address

18600 SW 204 STREET  
MIAMI, FL 33187



04072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2986964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOKIC, MAGDALENA  
18600 SW 204 STREET  
MIAMI, FL 33187

**DO NOT WRITE  
IN THIS SPACE**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000914047  
05/08/08-80040-025 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME DOKIC, MAGDALENA  
STREET ADDRESS 18600 SW 204 STREET  
CITY - ST - ZIP MIAMI, FL 33187

TITLE MGRM  
NAME PEREZ, ROBERTO  
STREET ADDRESS 18600 SW 204 STREET  
CITY - ST - ZIP MIAMI, FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Magdalena Dorkic*

4/20/08

305-666-8686  
305-259-0025