


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State


01-09-2006 90052 050 ****50.00

DOCUMENT # L05000057783	
1. Entity Name SUNSHINE STONE PRODUCTS, LLC	

Principal Place of Business 37 NE 16TH STREET OCALA, FL 34475 US	Mailing Address 37 NE 16TH STREET OCALA, FL 34475 US
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20000201

2. Principal Place of Business		3. Mailing Address P.O. BOX 5315	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OCALA, FL	
Zip	Country	Zip 34478	Country USA

	
01062006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 263-94-9791	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 LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER STREET SUITE 675 MIAMI, FL 33130	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOFIELD, DAVID C 37 NE 16TH STREET OCALA, FL 34475 <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	MGRM SCOFIELD, KIMBERLY A 37 NE 16TH STREET OCALA, FL 34475 <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
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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: Kim Scofield **Kim SCOFIELD** 1/6/06 352-694-4309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #