## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO	D LIABILITY MPANY TATEMENT		~ · · · · · · · · · · · · · · · · · · ·	DEPART Secretary SION OF CO	of S			t.	f. Comment		
DOCUMENT # L 05000063519					9			08 SEP -5 AM II: 29			
1. Limited Liability Company's Name							SE TAL	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Sunshine Liquidaturs I, LLC								CRYE	E041 (12/07)		
2. Principal Office Address - No P.O. Box # 3. Mailing Of											
3255 N. CARL G. ROSE Huy				SAME			4. State/Country of Formation Flox I d.A USA				
Suite, Apt. #, et	Suite, Apt. #,				5. Date Organized or Qualified						
City & State City & State									05-0		
HERNANDO, FL							6. FEI Number Applied For Not Applicable				
34442 USA			Zip		Country		CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent											
Name    Name   Younger						A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were					
Sulte, Apt. #, Etc.							not received and requesting the \$100 reinstatement be waived.				
City Homosassa State Zip Code FL 34446											
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.											
Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN								Date 8 - 30 - 08			
10. Names a	and Street Addresses	of Managing Mem	bers/Managers					<b></b>			
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City / State / Zip			
MGR 1	Robert THOMAS			3255NCARL G. ROSE HWY			Negrando, FI. 3444 &				
MGRM 1	LARRY Young			7 PINE Street			Hamosassa, FI 34446				
						. 09/05/0801035001 **316.00					
400135416994									194 **316.00		
		436			10	408	50	1124	15-98	-	
	11/19/07 \$100.00								5.00		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.											
Signature of Managing Member/Manager Jary Ljaung Date 8-30-08 Daytime Phone # 727-534-3619											
Typed or printed name of signing Managing Member/Manager											