


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ARY)

FILED
Jun 02, 2006 8:00 am
Secretary of State

05-01-2006 90041 034 ****50.00

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|--|---|---------------------------------|--|--|--|
| DOCUMENT # L05000069475 1. Entity Name SUNSHINE CLUB LLC | | | |  | |
| Principal Place of Business 15 KASPER PATH PALM COAST FL 32164 US | | | Mailing Address 15 KASPER PATH PALM COAST FL 32164 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 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 1st MOORE CR2E083 (10/05) | |
| 6. Name and Address of Current Registered Agent NEMETH, JOSEPH 15 KASPER PATH PALM COAST FL 32164 | | | 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 <u><i>Joseph Nemeth</i></u> 4-15-06 <small>Signature and/or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring)</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NEMETH, JOSEPH 15 KASPER PATH PALM COAST FL 32164 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Joseph Nemeth</i></u> Joseph Nemeth 4-15-06 386-569-9443 <small>SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |