2006 LIMITED LIABILITY COMPANY

Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000079212** 04-10-2006 90038 033 ****50.00 SUNSHINE QUALITY PAINTING, LLC Principal Place of Business Mailing Address NUU60046 175 EAST 58TH STREET 175 EAST 58TH STREET HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E083 (11/05) Chg-LLC 4. FELNumber 3292246 Applied For City & State City & State Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -SANTANA, FREDDY Street Address (P.O. Box Number is Not Acceptable) 175 EAST 58TH STREET HIALEAH, FL 33013 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 reg stered agen Signature, typed or printed name or registered agent and little if applicable 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Addition ☐ Delete TITLE Change NAME SANTANA, FREDDY NAME 175 EAST 58TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Addition TITL F ☐ Change

11. Thereby 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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

☐ Delete

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Tame **SIGNATURE:** GNATURE AND TYPED O SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

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Daytime Phone #

☐ Change

☐ Addition

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