


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90081 047 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000079212	
<b>1. Entity Name</b> SUNSHINE QUALITY PAINTING, LLC	

<b>Principal Place of Business</b> 175 EAST 58TH STREET HIALEAH, FL 33013	<b>Mailing Address</b> 175 EAST 58TH STREET HIALEAH, FL 33013
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60034304



<b>2. Principal Place of Business - No P.O. Box #</b> 10023 W Okchobee Rd Suite, Apt. #, etc. Apt 102	<b>3. Mailing Address</b> 10023 W Okchobee Rd Suite, Apt. #, etc. Apt 102
<b>City &amp; State</b> Hialeah Gardens FL	<b>City &amp; State</b> Hialeah Gardens FL
<b>Zip</b> 33016	<b>Country</b> USA
<b>Zip</b> 33016	<b>Country</b> USA

03122007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-3292246	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SANTANA, FREDDY 175 EAST 58TH STREET HIALEAH, FL 33013	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Santana Freddy <b>Street Address (P.O. Box Number is Not Acceptable)</b> 10023 W Okchobee Rd <b>Apt 102</b> <b>City</b> Hialeah Gardens <b>FL</b> <b>Zip Code</b> 33016
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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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTANA, FREDDY 175 EAST 58TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Santana Freddy 10023 W Okchobee Rd Hialeah Gardens FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:** Freddy Santana **4/5/07 (786) 2710983**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**