

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000108201

FILED
Feb 04, 2008
Secretary of State**Entity Name:** SUNNYSIDE ENTERPRISES, LLC**Current Principal Place of Business:**1811 MAGLIANO DR
BOYNTON BEACH, FL 33436**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 24-4402
BOYNTON BEACH, FL 33424**New Mailing Address:****FEI Number:** 14-1941388**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JORDAN, DEAN M
1811 MAGLIANO DR
BOYNTON BEACH, FL 33436 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: JORDAN, DEAN M
Address: 1811 MAGLIANO DR
City-St-Zip: BOYNTON BEACH, FL 33436Title: MGR () Delete
Name: JEWEL, MELODY L
Address: 1811 MAGLIANO DR
City-St-Zip: BOYNTON BEACH, FL 33436Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR () Change (X) Addition
Name: HUGHES, JOSEPH E JR.
Address: 1100 BARNETT DR. UNIT #43
City-St-Zip: LAKEWORTH, FL 33461 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEAN JORDAN

MGR

02/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date