

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L05000123671

1. Limited Liability Company's Name

SonShine Services LLC

2. Principal Office Address - No P.O. Box #

371744 Henry Smith Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 473

Suite, Apt. #, etc.

City & State

Hilliard FL

City & State

Hilliard FL

Zip

32046

Country

Nassau

Zip

32046

Country

Nassau

8. Name and Address of Current Registered Agent

Name

Alyssa Albritten

Street Address (P.O. Box Number is Not Acceptable)

371744 Henry Smith Rd

Suite, Apt. #, Etc.

City

Hilliard FL 32046

State

FL

Zip Code

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

A Albritten

Date 3-1-11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>mgr</u>	<u>Spike Albritten</u>	<u>371744 Henry Smith Rd</u>	<u>Hilliard FL 32046</u>

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Spike Albritten

Date 3-1-11

Daytime Phone #

904845-4310

Typed or printed name of signing Managing Member/Manager

FILED

2011 MAR 28 AM 10:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400197154464
03/08/11--01041--006 ***243.75

CR2E041 (1/11)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1-1-2006

6. FEI Number

542194629

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

400197154464
03/29/11--01006--013 ***138.75

Spike.albritten@comcast.net
(To be used for future annual report notices)

REINSTATEMENT
2010-2011