2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L06000026510

Entity Name: BRIGHT SUNNY DAY, LLC

Current Principal Place of Business:

165 LAGOON DR.
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

165 LAGOON DR.
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 20-4484097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUMP, CHRISTINE D
165 LAGOON DR.
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

HECKMAN, CHRISTINE D
165 LAGOON DR.
FORT MYERS, FL 33905 US

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: CHRISTINE HECKMAN 04/11/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BUMP, CHRISTINE D
Address: 165 LAGOON DR.
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGR ( ) Delete
Name: TAX FREE STRATEGIES,LLC FBO ROBERT BURNS
Address: 12853 BANYAN CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HECKMAN, CHRISTINE D
Address: 165 LAGOON DR.
City-St-Zip: FORT MYERS, FL 33905 US

Title: MGR (X) Change ( ) Addition
Name: TAX FREE STRATEGIES,LLC FBO ROBERT BURNS
Address: 4560 VIA ROYALE #1
City-St-Zip: FORT MYERS, FL 33919

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: CHRISTINE HECKMAN MGRM 04/11/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date