

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000028068

FILED
Jul 06, 2009
Secretary of State

Entity Name: SUNSHINE FAMILY RESTAURANT, LLC

Current Principal Place of Business:

5155 HAINES ROAD N.
ST. PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

5155 HAINES ROAD N.
ST. PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 20-4921092 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
STE 100
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

MITROVIC, JOVO
5155 HAINES ROAD N.
ST. PETERSBURG, FL 33714 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: JOVO MITROVIC

07/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITROVIC, JOVO
Address: 5155 HAINES ROAD N.
City-St-Zip: ST. PETERSBURG, FL 33714

Title: MGRM () Delete
Name: MITROVIC, SLAVICA
Address: 5155 HAINES ROAD N.
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOVO MITROVIC

MGR

07/06/2009

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