

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042382

Entity Name: SUNSHINE BEVERAGE LLC

FILED  
Jan 07, 2008  
Secretary of State

**Current Principal Place of Business:**

11390 MAJESTIC ACRES TERRACE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

11390 MAJESTIC ACRES TERRACE  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

P.O. BOX 541612  
GREENACRES, FL 33454

**New Mailing Address:**

FEI Number: 65-1133829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JABER, SHERRIE  
11390 MAJESTIC ACRES TERRACE  
BOYNTON BEACH, FL 33437 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: JABER, ALI  
Address: 11390 MAJESTIC ACRES TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGR (X) Delete  
Name: JABER, SHERRIE  
Address: 11390 MAJESTIC ACRES TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33437

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: JABER, SHERRIE  
Address: 11390 MAJESTIC ACRES TER  
City-St-Zip: BOYNTON BEACH, FL 33473

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: SHERRIE JABER

PRES

01/07/2008

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