

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071213

Entity Name: SUNSHINE SITTERS, LLC

FILED  
May 16, 2007  
Secretary of State

**Current Principal Place of Business:**

21035 SW 129 PL  
MIAMI, FL 33177

**New Principal Place of Business:**

9321 SW 177TH ST  
MIAMI, FL 33157

**Current Mailing Address:**

18495 SOUTH DIXIE HWY. #306  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 20-5194876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

CLAIBORNE, THOMAS E II  
21035 SW 129 PL  
MIAMI, FL 33177      US

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

CLAIBORNE, THOMAS E II  
9321 SW 177TH ST  
MIAMI, FL 33157      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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/16/2007

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CLAIBORNE, THOMAS E III  
Address: 21035 SW 129 PL  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: CLAIBORNE, THOMAS E III  
Address: 9321 SW 177TH ST  
City-St-Zip: MIAMI, FL 33157

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: TED CLAIBORNE

MGR

05/16/2007

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