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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSHINE ENTERPRISES OF MIAMI LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: G 07113900204

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTINE ELDERS
(Name of Person)

SUNSHINE ENTERPRISES OF MIAMI LLC
(Name of Firm/Company)

6248 FOXGLOVE LANE
(Address)

BRADENTON FL 34202
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINE ELDERS at (941) 739 5400
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: SUNSHINE ENTERPRISES OF MIAMI LLC
2. The mailing address of the limited liability company is: (new address)
6248 FOXGLOVE LANE BRADENTON, FL 34202
08/21/2006
3. Date of filing/registration in Florida
4. Document number 607113900204
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SCHENK & ASSOCIATES PLC
Name
999 BRICKELL AVENUE, Ste. 700
Address
MIAMI, FL 33131
City, State and Zip

6. The name and address of the new registered agent and/or office:

CHRISTINE ELDERS
Name
6248 FOXGLOVE LANE
Florida street address (P.O. Box NOT acceptable)
BRADENTON FL 34202
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Chris Anne Elders
(Signature of a member or authorized representative of a member)

CHRISTINE ELDERS
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Chris Anne Elders
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00