2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L06000083627

Entity Name: SUNSHINE ROOFING, LLC

Current Principal Place of Business:

24950 95TH STREET
INDIANTOWN, FL 34956 US

New Principal Place of Business:

15602 SW MORGAN STREET
INDIANTOWN, FL 34956 US

Current Mailing Address:

POST OFFICE BOX 275
INDIANTOWN, FL 34956 US

New Mailing Address:

FEI Number: 16-1773185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CISCO, JAMIE M
24950 95TH STREET
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

CISCO, JAMIE M
15602 SW MORGAN STREET
INDIANTOWN, FL 34956 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: JAMIE M CISCO 04/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CISCO, JAMIE M
Address: 24950 95TH STREET
City-St-Zip: INDIANTOWN, FL 34956 US

Title: D ( ) Delete
Name: CISCO, RUSSELL R
Address: 24950 95TH STREET
City-St-Zip: INDIANTOWN, FL 34956 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CISCO, JAMIE M
Address: 15602 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956 US

Title: D (X) Change ( ) Addition
Name: CISCO, RUSSELL R
Address: 15602 SW MORGAN STREET
City-St-Zip: INDIANTOWN, FL 34956 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE M CISCO MGR 04/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date