

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000097495	
1. Entity Name UR MY SUNSHINE HOLDINGS, LLC	

Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5614165	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AYERS 1 LIMITED PARTNERSHIP 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000937597 05/27/08-80056-006 2026.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Valerie Ayers</i>	DATE: 4/28/08	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		