

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000098093

1. Entity Name  
SUNSHINE STATE, L.L.C.



Principal Place of Business  
154 SPRING CHASE CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address  
154 SPRING CHASE CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US



03182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5684184

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GONZALEZ, MANUEL  
154 SPRING CHASE CIRCLE  
ALTAMONTE SPRINGS, FL 32714-651

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GONZALEZ, MANUEL  
STREET ADDRESS 154 SPRING CHASE CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE MGR  
NAME FALGONS, GLADYS  
STREET ADDRESS 154 SPRING CHASE CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

4/23/08

(321) 594-5801