

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009616

FILED
Feb 04, 2009
Secretary of State

Entity Name: SUNFLOWER INTERIORS, LLC

Current Principal Place of Business:

14529 BRADDOCK OAK DRIVE
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

14529 BRADDOCK OAK DRIVE
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: 20-8562873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLSON, MICHAEL
14529 BRADDOCK OAK DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

GOLSON, KATHERINE
14529 BRADDOCK OAK DRIVE
ORLANDO, FL 32837 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: KATHERINE GOLSON

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLSON, MICHAEL
Address: 14529 BRADDOCK OAK DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: GOLSON, KATHERINE
Address: 14529 BRADDOCK OAK DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLSON, KATHERINE
Address: 14529 BRADDOCK OAK DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: MGRM (X) Change () Addition
Name: GOLSON, MICHAEL
Address: 14529 BRADDOCK OAK DRIVE
City-St-Zip: ORLANDO, FL 32837

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: KATHERINE GOLSON

P

02/04/2009

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