

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066020

Entity Name: SONSHINE GIFTS LLC

FILED
Sep 13, 2008
Secretary of State

Current Principal Place of Business:

560 EAST RAINERO STREET
LAKE ALFRED, FL 33850

New Principal Place of Business:

Current Mailing Address:

560 EAST RAINERO STREET
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 26-0408083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILLER, TAMMY R
11082 WINDSOR PLACE CIRCLE
TAMPA, FL 33626 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELSTON, LAVANA R
Address: 560 EAST RAINERO STREET
City-St-Zip: LAKE ALFRED, FL 33850

Title: MGRM () Delete
Name: MILLER, TAMMY R
Address: 11082 WINDSOR PLACE CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: HUBER, KIMBERLY A
Address: 13514 SUMMER RAIN DRIVE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAVANA ELSTON

MGRM

09/13/2008

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