

L07000079346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

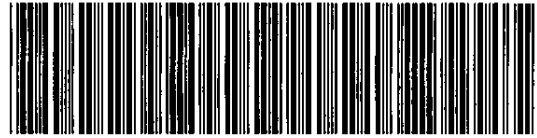
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 16 AM 11:22

T. HAMPTON

MAR 17 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LONG TIME SUNSHINE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VALERIE DUCH

Name of Person

LONG TIME SUNSHINE, LLC

Firm/Company

1995 E. OAKLAND PARK BLVD., SUITE 200

Address

FORT LAUDERDALE, FL 33306

City/State and Zip Code

MICHAEL@COSTARICAFORME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE DUCH

Name of Person

at (**954**)

630-1801

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

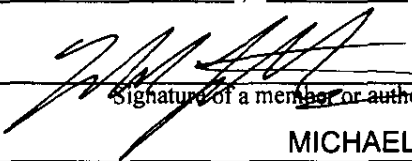
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
T	WAYNE BLACKBURN	1995 E. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE, FL 33306	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____


Signature of a member or authorized representative of a member
MICHAEL STARKEY
Typed or printed name of signee

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 DIVISION OF CORPORATIONS
 10 MAR 16 AM 11:24