

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000081607

FILED
Aug 05, 2009
Secretary of State**Entity Name:** SUNSHINE ELITE REALTY REFERRAL, LLC**Current Principal Place of Business:**24851 S TAMIAMI TRAIL STE 1
BONITA SPRINGS, FL 34134**New Principal Place of Business:****Current Mailing Address:**24851 S TAMIAMI TRAIL STE 1
BONITA SPRINGS, FL 34134**New Mailing Address:****FEI Number:** 26-0689633**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MURPHY, JAMES J
24851 S TAMIAMI TRAIL STE 1
BONITA SPRINGS, FL 34134 US**Name and Address of New Registered Agent:**

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:** MGMR () Delete
Name: PETERSON, BRUCE C
Address: 24851 S TAMIAMI TRAIL STE 1
City-St-Zip: BONITA SPRINGS, FL 34134 US**Title:** MGR () Delete
Name: MURPHY, JAMES J
Address: 24851 S TAMIAMI TRAIL SUITE 1
City-St-Zip: BONITA SPRINGS, FL 34134 US**ADDITIONS/CHANGES:****Title:** VP (X) Change () Addition
Name: ZENCZAK, NIKI
Address: 24851 S TAMIAMI TRAIL STE 1
City-St-Zip: BONITA SPRINGS, FL 34134 US**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: JAMES J MURPHY

MGR

08/05/2009

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