

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-25-2008 90024 043 ***138.75

DOCUMENT # L07000109771					
1. Entity Name SUNSHINE BAIL BONDS, LLC					
Principal Place of Business 425 CROSS STREET, UNIT 117 PUNTA GORDA, FL 33950			Mailing Address 425 CROSS STREET, UNIT 117 PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1205279	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OAKS, DAVID K ESQ. 407 EAST MARION AVENUE, SUITE 101 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name FRED TUCKER Street Address (P.O. Box Number is Not Acceptable) 31093 N. BEND ST. City PUNTA GORDA FL Zip Code 33950		
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 <u><i>Fred Tucker</i></u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TUCKER, FRED 425 CROSS STREET, UNIT 117 PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAMATO, WILLIAM 425 CROSS STREET, UNIT 117 PUNTA GORDA, FL 33950 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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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: <u><i>Fred Tucker</i></u>			Date <u>04/22/08</u> 941-639 8863		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		