


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000120719	
1. Entity Name SUNSHINE HOME DAY CARE LLC	

Principal Place of Business 641 XAVIER AVE. MAIMI, FL 32901	Mailing Address P.O. BOX 100433 PALM BAY, FL 32910
---	--

2. Principal Place of Business - No P.O. Box # 641 Xavier Ave.	3. Mailing Address P.O. Box 100433
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Melbourne, Florida	City & State Palm Bay Florida
Zip 32901	Zip 32910
Country Brevard	Country

6. Name and Address of Current Registered Agent LAMBERT, ALANA S 641 XAVIER AVE. MELBOURNE, FL 32901	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing)

FILE NOW!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRR GOODE, EMBRA W P.O. BOX 100433 PALM BAY, FL 32910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500136269785 09/23/08--01048--008 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPHAEL, PAMELA P.O. BOX 100433 PALM BAY, FL 32910 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	9-2-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

FILED

2008 SEP 19 P 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09022008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4559039** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required