

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124247

**FILED**  
**Jun 15, 2009**  
**Secretary of State**

**Entity Name:** SUNSHINE BAY GROUP, LLC

**Current Principal Place of Business:**

2750 BUCKORN OAKS DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

6322 PALMA DEL MAR BLVD  
#115  
ST. PETERSBURG, FL 33715

**Current Mailing Address:**

2750 BUCKORN OAKS DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

6322 PALMA DEL MAR BLVD  
#115  
ST. PETERSBURG, FL 33715

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

SHINE, MARIE  
2750 BUCKORN OAKS DRIVE  
VALRICO, FL 33594    US

**Name and Address of New Registered Agent:**

SHINE, MARIE  
6322 PALMA DEL MAR BLVD  
#115  
ST. PETERSBURG, FL 33715    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: \_\_\_\_\_

06/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:           SHINE, MARIE  
Address:        2750 BUCKORN OAKS DRIVE  
City-St-Zip:    VALRICO, FL 33594

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:           SHINE, MARIE  
Address:        6322 PALMA DEL MAR BLVD #115  
City-St-Zip:    ST. PETERSBURG, FL 33715

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: MARIE SHINE

MGR

06/15/2009

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