

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000014536

**Entity Name:** SUNSHINE BUSINESS, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8211 NW 64TH STREET BAY #7  
MIAMI, FL 33166

**New Principal Place of Business:**

7210 NW 72TH AV.  
MIAMI, FL 33166

**Current Mailing Address:**

8211 NW 64TH STREET BAY #7  
MIAMI, FL 33166

**New Mailing Address:**

7210 NW 72TH AV.  
MIAMI, FL 33166

**FEI Number:** 26-2031530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, JUAN  
5653 N.W. 112 PLACE  
DORAL, FL 33178 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: MGR  
Name: MORALES, LUISALVA  
Address: 5653 N.W. 112 PLACE  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: TORRES, JOSE  
Address: 5653 N.W. 112 PLACE  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: TORRES, JUAN  
Address: 5653 NW 112TH PLACE  
City-St-Zip: DORAL, FL 33178

Title: MGR  
Name: TORRES, LUIS  
Address: 5653 NW 112TH PLACE  
City-St-Zip: DORAL, FL 33178

I hereby 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: MORALES LUISALVA

MGR

04/29/2011

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