2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050695

Entity Name: SUNSHINE GETAWAYS LLC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

521 N RAINBOW DRIVE HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

521 N RAINBOW DRIVE HOLLYWOOD, FL 33021

FEI Number: 32-0249015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SUAREZ-HEALY, ALBA
521 N RAINBOW DRIVE
HOLLYWOOD, FL 33021 US
SUAREZ, HEALY, ALBA
521 N RAINBOW DRIVE
HOLLYWOOD, FL 33021 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: A SUAREZ HEALY 03/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: P () Delete Title: O (X) Change () Addition

 Name:
 SUAREZ-HEALY, ALBA
 Name:
 SUAREZ, HEALY, ALBA

 Address:
 521 N RAINBOW DRIVE
 Address:
 521 N RAINBOW DRIVE

 City-St-Zip:
 HOLLYWOOD, FL 33021 US
 City-St-Zip:
 HOLLYWOOD, FL 33021 US

Title: VP () Delete Title: () Change () Addition

 Name:
 SUAREZ, IDALBA
 Name:

 Address:
 521 N RAINBOW DRIVE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021 US
 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: I SUAREZ VP 03/24/2009