

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000057501

Entity Name: SUNSHINE AUTO DETAIL, LLC

FILED
Dec 14, 2009
Secretary of State

Current Principal Place of Business:

831 TIVOLI CIR.
101
DEERFIELD BEACH, FL 33441

Current Mailing Address:

831 TIVOLI CIR.
101
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

831 TIVOLI CIR
101
DEERFIELD BEACH, FL 33441

New Mailing Address:

831 TIVOLI CIR
101
DEERFIELD BEACH, FL 33441 US

FEI Number: 26-2775939 FEI Number Applied For () FEI Number Not Applicable () 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:

GERMAN, MARIO D J.D.
55 NE FIFTH AVE
501
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

LOPEZ, CUAUHEMOC M
831 TIVOLI CIR
101
DEERFIELD BEACH, FL 33441 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: CUAUHEMOC M LOPEZ

12/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ, CUAUHEMOC M
Address: 831 TIVOLI CIR., #101
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREZ, CUAUHEMOC M
Address: 831 TIVOLI CIR #101
City-St-Zip: DEERFIELD BEACH, FL 33441 US

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: CUAUHEMOC M LOPEZ

MGRM

12/14/2009

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