2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000061242

Entity Name: SUNSHINE SOLUTIONS GROUP, LLC.

Current Principal Place of Business:

25100 SANDHILL BLVD
APT M103
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

25100 SANDHILL BLVD
APT M103
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 80-0204400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENROSE, FAREL A
25100 SANDHILL BLVD
APT M103
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

PENROSE, FAREL A CEO/CFO
25100 SANDHILL BLVD
APT M103
PUNTA GORDA, FL 33983 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: FAREL PENROSE 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PENROSE, FAREL A
Address: 25100 SANDHILL BLVD; APT M103
City-St-Zip: PUNTA GORDA, FL 33983

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: PENROSE, FAREL A
Address: 25100 SANDHILL BLVD; APT M103
City-St-Zip: PUNTA GORDA, FL 33983

Title: CFO ( ) Change (X) Addition
Name: PENROSE, FAREL A
Address: 25100 SANDHILL BLVD; APT M103
City-St-Zip: PUNTA GORDA, FL 33983

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: FAREL PENROSE CEO 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date