

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074811

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** THE SUNSHINE GROUP OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

1443 SOUTH ORLANDO AVE.  
MAITLAND, FL 32751

**New Principal Place of Business:**

1443 SOUTH ORLANDO AVE.  
SUITE B  
MAITLAND, FL 32751

**Current Mailing Address:**

1443 SOUTH ORLANDO AVE.  
MAITLAND, FL 32751

**New Mailing Address:**

1443 SOUTH ORLANDO AVE.  
SUITE B  
MAITLAND, FL 32751

**FEI Number:** 94-3439379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRENNEMAN, PHILIP  
1443 SOUTH ORLANDO AVE.  
MAITLAND, FL 32751 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: MGRM ( ) Delete  
Name: BRENNEMAN, PHILIP TRUSTEE  
Address: 1443 SOUTH ORLANDO AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete  
Name: WIESENFELD, DAMIEN  
Address: 3930 CHERRY APPLE CIRCLE  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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:** DEBBIE BASSETT

AP

02/10/2009

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