

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000038729

1. Entity Name  
SUNSHINE PRINCESS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT -7 PM 12:48

Principal Place of Business  
515 LYNDALE DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
P.O. BOX 5694  
TALLAHASSEE, FL 32314



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072011 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLTIMORE, NICOLE A  
2428 JIM LEE ROAD  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Hamelton  
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/11

FILE NOW!!! FEE IS \$238.75  
After January 1, 2012, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MOLTIMORE, NICOLE A  
2428 JIM LEE ROAD  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BLATHERS, KALEN A  
2428 JIM LEE ROAD  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
200213046522  
10/07/11--01028--D07 \*\*238.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Hamelton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/17/11

8504438771

Date

Daytime Phone #

REINSTATEMENT 2011