

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000011949

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** ONE SUNSHINE PLACE, LLC

**Current Principal Place of Business:**

10231 METRO PARKWAY  
STE 102  
FORT MYERS, FL 33966 US

**New Principal Place of Business:**

1211 SE 21ST STREET  
CAPE CORAL, FL 33990 US

**Current Mailing Address:**

10231 METRO PARKWAY  
STE 102  
FORT MYERS, FL 33966 US

**New Mailing Address:**

14500 S QUIVIRA RD  
OLATHE, KS 66062 US

FEI Number: 27-1818910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORDEN, DANIEL  
10231 METRO PARKWAY  
STE 102  
FORT MYERS, FL 33966 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: MGR  
Name: LOMELI, BARBARA K  
Address: 14500 S QUIVIRA RD  
City-St-Zip: OLATHE, KS 66062 US

Title: MGR  
Name: LOMELI, MICHAEL D  
Address: 14500 S QUIVIRA RD  
City-St-Zip: OLATHE, KS 66062 US

Title: MGMR  
Name: BARBARA KAY LOMELI IRA  
Address: 14500 S QUIVIRA RD  
City-St-Zip: OLATHE, KS 66062 US

I hereby 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: BARBARA K LOMELI

MGR

02/25/2011

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