

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000068

FILED
Apr 28, 2009
Secretary of State

Entity Name: SUNSHINE GROVE SERVICES, L.C.

Current Principal Place of Business:

1401 PINE ISLAND RD
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 420521
KISSIMMEE, FL 347420521

New Mailing Address:

FEI Number: 65-0480923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAND, RONALD M
921 WEST EMMETT STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

HAND, RONALD M
716 HUGHEY ST.
KISSIMMEE, FL 34741 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALTER, MEDLIN
Address: 5400 HATCHIENHA RD.
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: TRIGON ASSET MANAGEMENT CORP
Address: 921 WEST EMMETT STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: TRIGON ASSET MANAGEMENT CORP
Address: 716 HUGHEY ST.
City-St-Zip: KISSIMMEE, FL 34741

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: WALTER MEDLIN

MGR

04/28/2009

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