

L99000005320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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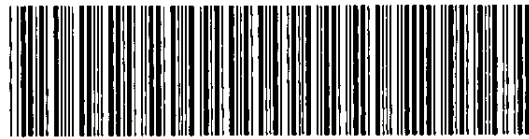
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TALLAHASSEE, FLORIDA

S. HAWKES
SEP 29 2009
EXAMINER

W



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

AMADA CADAVAL
240 CRANDON BLVD SUITE 268
KEY BISCAYNE, FL 33149

SUBJECT: SUNNY CASH LLC
Ref. Number: L99000005320

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00031675

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNNY CASH, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMADA CADAVAL
Name of Person

SUNNY CASH, LLC
Firm/Company

240 CRANDON BLVD SUITE #268
Address

KEY BISCAYNE, FL. 33149
City/State and Zip Code

sunnycash@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMADA CADAVAL at (305) 365-1034
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SUNNY CASH, LLC

2. (a) Principal office address of limited liability company: 240 CRANDON BLVD SUITE #268
 KEY BISCAYNE, FL. 33149
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 240 CRANDON BLVD SUITE #268
 KEY BISCAYNE, FL. 33149
(Note: MAY BE POST OFFICE BOX)

AUGUST 12, 1999
3. Date of filing/registration in Florida

L99000005320
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: AMADA CADAVAL
Registered Office Address: 800 CRANDON BLVD SUITE 206
KEY BISCAYNE, FL. 33149

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: _____
NEW Registered Office Address: 240 CRANDON BLVD
(MUST BE FLORIDA STREET ADDRESS) SUITE 268
KEY BISCAYNE, FL. 33149

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Amada Cadaval
Signature of a member or authorized representative of a member

AMADA CADAVAL
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SEP 29 PM 3:14
TALLAHASSEE, FLORIDA