

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019560

Entity Name: SUNSHINE HOTEL INVESTMENT, INC.**Current Principal Place of Business:**522 MARYESTHER CUTOFF N.W
FT. WALTON BEACH, FL 32548**Current Mailing Address:**107 WEST AUDREY DRIVE N.W
FT. WALTON BEACH, FL 32548 US**FEI Number: 26-3232918****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PATEL, CHARUL S
107 WEST AUDREY DRIVE N.W
FT. WALTON BEACH, FL 32548 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:** CHARUL S. PATEL**02/06/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P, D
Name	PATEL, SUMANT M
Address	107 WEST AUDREY DRIVE N.W
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	VP
Name	PATEL, CHHAGANLAL G
Address	107 WEST AUDREY DRIVE N.W
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	OFFICER
Name	PATEL, JAYSHREEBAHEN
Address	107 WEST AUDREY DRIVE N.W
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	T, D
Name	PATEL, SATISHKUMAR M
Address	107 WEST AUDREY DRIVE N.W
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	D
Name	PATEL, BHARATKUMAR C
Address	107 WEST AUDREY DRIVE N.W
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	SECRETARY
Name	PATEL, CHARUL
Address	107 WEST AUDREY DRIVE N.W
City-State-Zip:	FT. WALTON BEACH FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARUL PATEL**DIRECTOR****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date