

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000015984

**Entity Name:** SUNSHINE LAND HOLDINGS, LLC

**Current Principal Place of Business:**

10175 FORTUNE PARKWAY, SUITE 1005  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10175 FORTUNE PARKWAY, SUITE1005  
JACKSONVILLE, FL 32256 US

**FEI Number:** 05-0570190

**Certificate of Status Desired:** No

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

SILVERFIELD, GARY D  
10175 FORTUNE PARKWAY, SUITE1005  
JACKSONVILLE, FL 32256 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name SILVERFIELD, GARY D  
Address 10175 FORTUNE PARKWAY, SUITE 1005  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name ATKERSON, CHRISTIE  
Address 10175 FORTUNE PARKWAY, SUITE 1005  
City-State-Zip: JACKSONVILLE FL 32256

Title PAST  
Name SILVERFIELD, GARY D  
Address 10175 FORTUNE PARKWAY, SUITE 1005  
City-State-Zip: JACKSONVILLE FL 32256

Title VPAT  
Name ATKERSON, CHRISTIE  
Address 10175 FORTUNE PARKWAY, SUITE 1005  
City-State-Zip: JACKSONVILLE FL 32256

Title VPAS  
Name SILVERFIELD, LEED  
Address 10175 FORTUNE PARKWAY, SUITE 1005  
City-State-Zip: JACKSONVILLE FL 32256

Title VPS  
Name BREEDING, HELEN  
Address 10175 FORTUNE PARKWAY, SUITE 1005  
City-State-Zip: JACKSONVILLE FL 32256

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY D SILVERFIELD

**PRESIDENT**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date