### 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.

CFO

#### SIGNATURE: CHRISTIAN CONLEY

Electronic Signature of Signing Officer/Director Detail

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 273498**

Entity Name: SUNNY DELIGHT BEVERAGES CO.

### **Current Principal Place of Business:**

C/O HARVEST HILL BEVERAGE COMPANY 1 HIGH RIDGE PARK, 3RD FLOOR STAMFORD, CT 06905

# **Current Mailing Address:**

C/O HARVEST HILL BEVERAGE COMPANY 1 HIGH RIDGE PARK, 3RD FLOOR STAMFORD, CT 06905 US

# FEI Number: 59-1027282

# Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:	SANDRA ZWIJACK, ASST SEC			04/27/2023
	Electronic Signature of Registered Agent			Date
Officer/Direct	or Detail :			
Title	TREASURER, CFO	Title	DIRECTOR, SECRETARY, VP	
Name (	CONLEY, CHRISTIAN	Name	MACTAGGART, IAN B.	
	C/O HARVEST HILL BEVERAGE	Address	25 LINDSAY DR	
	COMPANY 1 HIGH RIDGE PARK, 3RD FLOOR	City-State-Zip:	GREENWICH CT 06830	
City-State-Zip:	STAMFORD CT 06905	Title	DIRECTOR	
Title F	PRESIDENT, DIRECTOR	Name	LEBOUTILLIER, JOHN	
Name N	MORTATI, ROBERT	Address	2285 SHIPPAN AVE	
Address	12 POND HILL RD	City-State-Zip:	STAMFORD CT 06902	
City-State-Zip: 0	CHAPPAQUA NY 10514			

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

Certificate of Status Desired: No

04/27/2023

FILED Apr 27, 2023 Secretary of State 1694746969CC

Date