

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000051427

**Entity Name:** SUNSHINE LANDSCAPE MANAGEMENT, INC.

**Current Principal Place of Business:**

4941 72 AVE N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

7317 121ST TERR. N.  
LARGO, FL 33773

**FEI Number: 59-3648971**

**Certificate of Status Desired: No**

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

LARSON 2, THOMAS LPRES.  
7317 121ST TERRCE N  
LARGO, FL 33773 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

**Officer/Director Detail :**

Title            DPT  
Name            LARSON, THOMAS LII  
Address        7317 121ST TERR. N.  
City-State-Zip: LARGO FL 33773

Title            DV  
Name            LARSON, ANNA JV PRES  
Address        7317 121ST TERR. N.  
City-State-Zip: LARGO FL 33773

Title            S  
Name            LARSON, HOPE ASECRETA  
Address        7317 121ST TERR. N.  
City-State-Zip: LARGO FL 33773

Title            TREA  
Name            LARSON 2, THOMAS LTREASUR  
Address        7317-121 TERRACE  
City-State-Zip: LARGO FL 33773

*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: LARSON, THOMAS LII**

**PRESIDENT**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date