

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000119400

Entity Name: SUNSHINE INSURANCE GROUP, LLC.

Current Principal Place of Business:

423 NORTH STREET
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

423 NORTH STREET
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 59-1036629

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASCELLI, BRANDON
423 NORTH STREET
GREEN COVE SPRINGS, FL 32043 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: BRANDON BASCELLI

04/22/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name BASCELLI, BRANDON
Address 423 NORTH STREET
City-State-Zip: GREEN COVE SPRINGS FL 32043

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: BRANDON BASCELLI

OWNER

04/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date