that my name appears above, or on an attachment with all other like empowered. SIGNATURE: FAITH A GIBSON

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 35-2484170

GIBSON, FAITH A 1242 SW PINE ISLAND RD, UNIT 42-209 CAPE CORAL, FL 33991 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

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP
Name	GIBSON, FAITH A	Name	GIBSON, EDWARD
Address	1242 SW PINE ISLAND RD. 42-209	Address	1242 SW PINE ISLAND RD. 42-209
City-State-Zip:	CAPE CORAL FL 33991	City-State-Zip:	CAPE CORAL FL 33991

DOCUMENT# L13000063902

Entity Name: SUNSHINE BEVERAGES, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1242 SW PINE ISLAND RD. 42-209 CAPE CORAL, FL 33991

Current Mailing Address:

1242 SW PINE ISLAND RD. 42-209 CAPE CORAL, FL 33991 US

Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

Date