

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000089356

Entity Name: DROP OF SUNSHINE LLC**Current Principal Place of Business:**2666 SW 115TH AVE
304
MIRAMAR, FL 33025**Current Mailing Address:**2666 SW 115TH AVE
304
MIRAMAR, FL 33025 US**FEI Number:** 47-1126907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DASILVA, CLARISSA
2666 SW 115TH AVE
304
MIRAMAR, FL 33025 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:** CLARISSA A DASILVA

05/16/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ARTIST, CEO
Name DA SILVA, CLARISSA
Address 2666 SW 115TH AVE
304
City-State-Zip: MIRAMAR FL 33025

Title DESIGNER, CFO
Name MATOS, CASSANDRA
Address 2666 SW 115TH AVE
304
City-State-Zip: MIRAMAR FL 33025

Title MARKETING MANAGER
Name DA SILVA, CLAUDIA
Address 2666 SW 115TH AVE
304
City-State-Zip: MIRAMAR FL 33025

Title SALES & MARKETING REP
Name DA SILVA-YEARBY, CHARISMA
Address 2666 SW 115TH AVE
304
City-State-Zip: MIRAMAR FL 33025

Title DESIGNER, OTHER
Name WILLIAMS, BJORN H
Address 2666 SW 115TH AVE
304
City-State-Zip: MIRAMAR FL 33025

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: CLARISSA DASILVA

CEO

05/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date