

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000089356

**Entity Name:** DROPS OF SUNSHINE LLC**Current Principal Place of Business:**19273 NW 27TH AVE  
APT 3313 3313  
MIAMI GARDENS , FL 33056**Current Mailing Address:**19273 NW 27TH AVE  
3313  
MIAMI GARDENS , FL 33056 US**FEI Number:** 47-1126907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DASILVA, CLARISSA  
19273 NW 27TH AVE  
3313  
MIAMI GARDENS , FL 33056 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

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title ARTIST, CEO  
Name DA SILVA, CLARISSA  
Address 19273 NW 27TH AVE  
3313  
City-State-Zip: MIAMI GARDENS FL 33056

Title DESIGNER, CFO  
Name MATOS, CASSANDRA  
Address 19273 NW 27TH AVE  
APT 3313 3313  
City-State-Zip: MIAMI GARDENS FL 33056

Title MARKETING MANAGER  
Name DA SILVA, CLAUDIA  
Address 19273 NW 27TH AVE  
APT 3313 3313  
City-State-Zip: MIAMI GARDENS FL 33056

Title SALES & MARKETING REP  
Name DA SILVA-YEARBY, CHARISMA  
Address 19273 NW 27TH AVE  
APT 3313 3313  
City-State-Zip: MIAMI GARDENS FL 33056

Title MANAGER  
Name YEARBY, CHAD  
Address 19273 NW 27TH AVE  
3313  
City-State-Zip: MIAMI GARDENS FL 33056

*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

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date