

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000089356

Entity Name: DROP OF SUNSHINE LLC**Current Principal Place of Business:**18640 NW 27TH AVE
208
MIAMI GARDENS, FL 33056**Current Mailing Address:**P.O. BOX 552310
MIAMI GARDENS, FL 33055 US**FEI Number:** 47-1126907**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DASILVA, CLARISSA
18640 NW 27TH AVE
APT 208
MIAMI, 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

03/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	ARTIST, CEO
Name	DA SILVA, CLARISSA
Address	P.O. BOX 552310
City-State-Zip:	MIAMI GARDENS FL 33055

Title	DESIGNER, CFO
Name	MATOS, CASSANDRA
Address	P.O. BOX 552310
City-State-Zip:	MIAMI GARDENS FL 33055

Title	MARKETING MANAGER
Name	DA SILVA, CLAUDIA
Address	P.O. BOX 552310
City-State-Zip:	MIAMI GARDENS FL 33055

Title	SALES & MARKETING REP
Name	DA SILVA-YEARBY, CHARISMA
Address	P.O. BOX 552310
City-State-Zip:	MIAMI GARDENS FL 33055

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 DA SILVA

CEO

03/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date