# 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

SIGNATURE: DAVID E SUAYA

Electronic Signature of Signing Authorized Person(s) Detail

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000050567

Entity Name: SUNNY NICOLE LIMITED LIABILITY COMPANY

# **Current Principal Place of Business:**

16485 COLLINS AVE., #436 SUNNY ISLES BEACH, FL 33160

## **Current Mailing Address:**

16485 COLLINS AVE., #436 SUNNY ISLES BEACH. FL 33160 US

# FEI Number: APPLIED FOR

# Name and Address of Current Registered Agent:

SUAYA, DAVID E 16485 COLLINS AVE., #436 SUNNY ISLES BEACH, FL 33160 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

# Authorized Person(s)

Title	MGR	Title	MGR
Name	SUAYA, DAVID E	Name	SUAYA, SAMANTHA L
Address	16485 COLLINS AVE., #436	Address	16485 COLLINS AVE., #436
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160

c Signature of Registered Agent		
Detail :		
	Title	MGR
	Namo	SUAVA SAMANTHA I

that my name appears above, or on an attachment with all other like empowered. 04/18/2018 OWNER

Date

FILED Apr 18, 2018

Secretary of State

CC8511711898

# Certificate of Status Desired: No

Date