

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000086332

Entity Name: SUNNYLAND INSURANCE AGENCY LLC

Current Principal Place of Business:

5700 LAKE WORTH RD.,
209-5
GREENACRES, FL 33463

Current Mailing Address:

P. O. BOX 5647
LAKE WORTH, FL 33466-5647 US

FEI Number: 82-1256139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMERO, JUAN A
6179 LAKEMONT CIR
GREENACRES, FL 33463 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

Date

Authorized Person(s) Detail :

Title MGR
Name ROMERO, JUAN A
Address 6179 LAKEMONT CIR
City-State-Zip: GREENACRES FL 33463

Title MGR
Name ROMERO, NIURKA R
Address 6179 LAKEMONT CIR
City-State-Zip: GREENACRES FL 33463

Title MGR
Name SILVERIO MARTINEZ, PURA
Address 3158 COLLIN DR
City-State-Zip: WEST PALM BEACH FL 33415

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: JUAN A ROMERO

GENERAL MANAGER

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date