

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000086332

**Entity Name:** SUNNYLAND INSURANCE AGENCY LLC

**Current Principal Place of Business:**

3923 LAKE WORTH ROAD  
B1 #203  
LAKE WORTH, FL 33461

**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

GEN PARTNER

04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date