2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2018
Secretary of State
CC9029724228

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Entity Name: SONSHINE CAREGIVERS / NURSE PROS, LLC

Current Principal Place of Business:

AS OF 2-28-18-2110 W YONGE ST
PENSACOLA, FL 32502

Current Mailing Address:

1010 N 12 TH AVE. #233
PENSACOLA, FL 32501 US

FEI Number: 82-2413518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIRON, STACI L
909 W LLOYD ST
PENSACOLA, FL 32501 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	AP
Name	MIRON, STACI L
Address	1010 N 12TH AVE #233 UNTIL FEB 28 2018
City-State-Zip:	PENSACOLA FL 32501

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: STACI MIRON OWNER 01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date