## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000290554

**Entity Name: SUNSHINE CAREGIVERS LLC** 

Littly Name. Sonormile CAREGIVERS LE

**Current Principal Place of Business:** 

2054 VISTA PARKWAY SUITE 400

WEST PALM BEACH, FL 33411

**Current Mailing Address:** 

2054 VISTA PARKWAY SUITE 400 WEST PALM BEACH, FL 33411 US

FEI Number: 84-3932546 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LALL, DELON 2054 VISTA PARKWAY SUITE 400 WEST PALM BEACH, FL 33411 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: DELON LALL 04/20/2024

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGR Title CFO

Name LALL, DELON Name NGUYEN, KOBE

Address 16435 EAST PLEASURE DRIVE Address 2180 SATELLITE BOULEVARD

City-State-Zip: LOXAHATCHEE FL 33470

City-State-Zip: DULUTH GA 30097

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: DELON LALL MGR 04/20/2024

FILED Apr 20, 2024

**Secretary of State** 

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