

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000298022

Entity Name: SUNSHINE DIABETIC CENTER LLC

Current Principal Place of Business:

14879 CALUSA PALMS DRIVE
FORT MYERS, FL 33919

Current Mailing Address:

14879 CALUSA PALMS DRIVE
FORT MYERS, FL 33919 US

FEI Number: 84-3979811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AJLOUNI, HEITHAM K
14879 CALUSA PALMS DRIVE
FORT MYERS, FL 33919 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 AJLOUNI, HEITHAM K
Address 14879 CALUSA PALMS DRIVE
City-State-Zip: FORT MYERS FL 33919

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: AJLOUNI , HEITHAM K

MGR

04/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date