

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000186299

Entity Name: SUNLIGHT SL 4, LLC**Current Principal Place of Business:**16690 COLLINS AVENUE, SUITE 1004
SUNNY ISLES, FL 33160**Current Mailing Address:**16690 COLLINS AVENUE, SUITE 1004
SUNNY ISLES, FL 33160**FEI Number:** 86-3567249**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KLEIN, TED
8030 PETERS ROAD, SUITE D-104
PLANTATION, FL 33324 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	AZOUT, JACOBO
Address	16690 COLLINS AVENUE, SUITE 1004
City-State-Zip:	SUNNY ISLES FL 33160

Title	MGR
Name	AZOUT, JESSICA
Address	16690 COLLINS AVENUE, SUITE 1004
City-State-Zip:	SUNNY ISLES FL 33160

Title	MGR
Name	LECHTER, JERRY
Address	16690 COLLINS AVENUE, SUITE 1004
City-State-Zip:	SUNNY ISLES FL 33160

Title	MGR
Name	PAPU, SAMUEL
Address	16690 COLLINS AVENUE, SUITE 1004
City-State-Zip:	SUNNY ISLES FL 33160

Title	AUTHORIZED MEMBER
Name	PAPU DE AZOUT, SARA
Address	16690 COLLINS AVENUE, SUITE 1004
City-State-Zip:	SUNNY ISLES FL 33160

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: JACOBO AZOUT**MANAGER****04/10/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date