

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000313850

**Entity Name:** SUNSHINE SAFETY CERTIFICATIONS LLC

**Current Principal Place of Business:**

3449 HILLMONT CIR  
ORLANDO, FL 32817

**Current Mailing Address:**

3449 HILLMONT CIR  
ORLANDO, FL 32817 US

**FEI Number:** 87-1614135

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRODER, JEREMY  
13700 SW 20TH ST  
DAVIE, FL 33325 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 AMBR  
Name BRODER, JEREMY  
Address 13700 SW 20TH ST  
City-State-Zip: DAVIE FL 33325

Title AMBR  
Name SALAS, DOMINGO  
Address 3449 HILLMONT CIR  
City-State-Zip: ORLANDO FL 32817

*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:** JEREMY BRODER

AMBR

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date