

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000338165

**Entity Name:** SUNSHINE VISTORS LLC

**Current Principal Place of Business:**

416 PAULCREST AVE.  
LEHIGH ACRES, FL 33974

**Current Mailing Address:**

416 PAULCREST AVE.  
LEHIGH ACRES, FL 33974

**FEI Number:** 87-1961021

**Certificate of Status Desired:** No

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

LAZARRE, LECTON MR.  
416 PAULCREST AVE.  
LEHIGH ACRES, FL 33974 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	Title	AMBR
Name	LAZARRE, LECTON	Name	LAZARRE, LECTON MR.
Address	416 PAULCREST AVE.	Address	416 PAULCREST AVE.
City-State-Zip:	LEHIGH ACRES FL 33974	City-State-Zip:	LEHIGH ACRES FL 33974

*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:** LAZARRE, LECTON

**MANAGER**

**04/28/2022**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date