

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000499278

**Entity Name:** SUNSHINE STAFFING AGENCY LLC

**Current Principal Place of Business:**

19 N 10TH ST  
HAINES CITY, FL 33844

**Current Mailing Address:**

19 N 10TH ST  
HAINES CITY, FL 33844 US

**FEI Number: 87-4214847**

**Certificate of Status Desired: Yes**

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

SUNSHINE SERVICES GROUP  
19 N 10TH ST  
HAINES CITY, FL 33844 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 OSCAR, ROMIALD  
Address 330 N RAMONA AVE  
City-State-Zip: LAKE ALFRED FL 33850

*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: ROMIALD OSCAR**

**MANAGER**

**04/11/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date