

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000348415

**Entity Name:** LAKIN SUNSHINE INVESTMENTS, LLC

**Current Principal Place of Business:**

705 NORTH 16TH STREET  
COUNCIL BLUFFS, IA 51501

**Current Mailing Address:**

705 NORTH 16TH STREET  
COUNCIL BLUFFS, IA 51501

**FEI Number:** 88-3628137

**Certificate of Status Desired:** No

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

CHESTNUT BUSINESS SERVICES, LLC  
490 1ST AVENUE SOUTH, SUITE 700  
SAINT PETERSBURG, FL 33701 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 CHARLES E. LAKIN III  
Address 705 NORTH 16TH STREET  
City-State-Zip: COUNCIL BLUFFS IA 51501

Title AR  
Name JOHN L. HOICH  
Address 705 NORTH 16TH STREET  
City-State-Zip: COUNCIL BLUFFS IA 51501

Title AR  
Name STEPHEN K. WILD  
Address 705 NORTH 16TH STREET  
City-State-Zip: COUNCIL BLUFFS IA 51501

Title AR  
Name TINA GARLAND  
Address 705 NORTH 16TH STREET  
City-State-Zip: COUNCIL BLUFFS IA 51501

Title AR  
Name JENNIFER GREEN  
Address 705 NORTH 16TH STREET  
City-State-Zip: COUNCIL BLUFFS IA 51501

*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:** JOHH HOICH

**DIRECTOR**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date