

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000356965

**Entity Name:** SUNSHINE FACIALS, LLC

**Current Principal Place of Business:**

2205 LOST PINE TRAIL  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

2205 LOST PINE TRAIL  
BROOKSVILLE, FL 34604 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STERNBERGER, DEANA H  
2205 LOST PINE TRAIL  
BROOKSVILLE, FL 34604 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           MANAGER  
Name            STERNBERGER, DEANA HALL  
Address         2205 LOST PINE TRAIL  
City-State-Zip: BROOKSVILLE FL 34604

*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:** DEANA STERNBERGER

**CEO**

**03/15/2024**

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

\_\_\_\_\_  
Date