

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000010080

Entity Name: SONNY'S ENTERPRISES, LLC

Current Principal Place of Business:

5870 N HIATUS ROAD
TAMARAC, FL 33321

Current Mailing Address:

5870 N HIATUS ROAD
TAMARAC, FL 33321 US

FEI Number: 06-1312117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MEMBER
Name SONNY'S HOLDINGS, LLC
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title MANAGER
Name LAWRENCE, KELLY
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title MANAGER
Name HUTCHINS, CURTIS
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title CEO
Name HUTCHINS, CURTIS
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT / CHIEF REVENUE OFFICER
Name PIERCE, KATI
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title CFO
Name CRUTCHFIELD, BRIAN
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title SVP FINANCE
Name LAWRENCE, KELLY
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title VP FINANCE
Name KAROW, MICHAEL
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

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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: LAWRENCE, KELLY

MANAGER, BY JULIE
GEDEON, ATTORNEY-IN-FACT

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title PRESIDENT EQUIPMENT DIVISION
Name ANALETTO, ANTHONY C.
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321

Title VP
Name MARTELLARO, DOMINIC
Address 5870 N HIATUS ROAD
City-State-Zip: TAMARAC FL 33321