2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000003218

Entity Name: SOUTHERN CURRENT SUNSHINE, LLC

Current Principal Place of Business:

1519 KING ST

CHARLESTON, SC 29405

Current Mailing Address:

1519 KING ST

CHARLESTON, SC 29405

FEI Number: 61-1773886 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

Date

FILED Apr 26, 2023

Secretary of State

9815458873CC

Authorized Person(s) Detail:

TitleMANAGERTitleMANAGERNameWHITE, GREGNamePINTO, JOHNAddress1519 KING STAddress1519 KING ST

City-State-Zip: CHARLESTON SC 29405 City-State-Zip: CHARLESTON SC 29405

TitleMANAGING MEMBERTitleMANAGING MEMBERNameDOWNEY, JONNameTROWBRIDGE, KENT

Address 1519 KING ST Address 1519 KING ST

City-State-Zip: CHARLESTON SC 29405 City-State-Zip: CHARLESTON SC 29405

TitleMANAGING MEMBERTitleMANAGING MEMBERNameFLEURY, PAULNameSOLBRIDGE LLCAddress1519 KING STAddress1519 KING ST

City-State-Zip: CHARLESTON SC 29405 City-State-Zip: CHARLESTON SC 29405

Title MANAGING MEMBER Title MANAGING MEMBER

Name SOUTHERN CURRENT LLC Name SUSTAINABLE ENERGY SOLUTIONS,

LLC

Address 1519 KING ST Address 1519 KING ST

City-State-Zip: CHARLESTON SC 29405 City-State-Zip: CHARLESTON SC 29405

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: PAUL FLEURY MANAGING MEMBER 04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail