

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003218

**Entity Name:** SOUTHERN CURRENT SUNSHINE, LLC

**Current Principal Place of Business:**

1519 KING STREET  
CHARLESTON, SC 29405

**Current Mailing Address:**

1519 KING STREET  
CHARLESTON, SC 29405 US

**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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WHITE, GREG  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGER  
Name           PINTO, JOHN  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGER  
Name           TROWBRIDGE, KENT  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGER  
Name           FLEURY, PAUL  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGING MEMBER  
Name           SOLBRIDGE LLC  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGING MEMBER  
Name           SOUTHERN CURRENT LLC  
Address        1519 KING ST  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGING MEMBER  
Name           SUSTAINABLE ENERGY SOLUTIONS,  
                  LLC  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

Title           MANAGING MEMBER  
Name           DOWNEY, JON  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405

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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:** PAUL FLEURY

**MANAGER**

**02/21/2024**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGING MEMBER  
Name           KENT TROWBRIDGE  
Address        1519 KING STREET  
City-State-Zip: CHARLESTON SC 29405