

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000085139

Entity Name: SUNSHINE THERAPIES, LLC

Current Principal Place of Business:

5367 NW RUGBY DRIVE
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

5367 NW RUGBY DRIVE
PORT SAINT LUCIE, FL 34983 US

FEI Number: 47-4004549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEROCHER, ALLISON J
5367 NW RUGBY DRIVE
PORT SAINT LUCIE, FL 34983 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 AR
Name DEROCHER, ALLISON J
Address 5367 NW RUGBY DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34983

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: ALLISON DEROCHER

PRESIDENT

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date