

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000143436

**Entity Name:** SUNNY INSURANCE AGENCY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

469 S CENTRAL AVE  
OVIEDO, FL 32765

**Current Mailing Address:**

469 S CENTRAL AVE  
OVIEDO, FL 32765 US

**FEI Number:** 81-5384407

**Certificate of Status Desired:** No

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

TIEDE, CARY R  
469 S CENTRAL AVE  
OVIEDO, FL 32765 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:** CARY TIEDE

03/17/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, PRESIDENT  
Name TIEDE, CARY R  
Address 469 S CENTRAL AVE  
City-State-Zip: OVIEDO FL 32765

Title SECRETARY  
Name TIEDE, KRISTEN  
Address 469 S CENTRAL AVE  
City-State-Zip: OVIEDO FL 32765

Title MANAGER  
Name TIEDE, CRAIG COURTENAY  
Address 469 S CENTRAL AVE  
City-State-Zip: OVIEDO FL 32765

*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:** CARY TIEDE

PRESIDENT

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date