

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000031375

**Entity Name:** PRIME SUNSHINE LLC

**Current Principal Place of Business:**

35246 US HWY 19 N UNIT 293  
PALM HARBOR, FL 34684

**Current Mailing Address:**

35246 US HWY 19 N UNIT 293  
PALM HARBOR, FL 34684

**FEI Number:** 82-1672178

**Certificate of Status Desired:** No

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

SOBEN, PRISCILLA  
35246 US HWY 19 N UNIT 293  
PALM HARBOR, FL 34684 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            AMBR  
Name            SOBEN, PRISCILLA  
Address        35246 US HWY 19 N UNIT 293  
City-State-Zip: PALM HARBOR FL 34684

*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:** PRISCILLA SOBEN

**OWNER**

**03/30/2020**

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

\_\_\_\_\_ Date