

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000142536

**Entity Name:** SUNFLOWER INSTITUTE FOR THERAPY & LIFE COACHING, LLC

**FILED**  
**Aug 28, 2021**  
**Secretary of State**  
**3069323280CC**

**Current Principal Place of Business:**

1333 S UNIVERSITY DRIVE  
206  
PLANTATION, FL 33324

**Current Mailing Address:**

7511 ORLEANS STREET  
MIRAMAR, FL 33023 US

**FEI Number: 84-1900192**

**Certificate of Status Desired: No**

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

PHILLIPS, TAMARU N DR.  
1333 S UNIVERSITY DRIVE  
206  
PLANTATION, FL 33324 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            CEO  
Name            PHILLIPS, TAMARU N DR  
Address        1333 S UNIVERSITY DRIVE  
                  206  
City-State-Zip: PLANTATION FL 33324

*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: TAMARU PHILLIPS**

**CEO**

**08/28/2021**

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

\_\_\_\_\_  
Date