

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000035364

Entity Name: SUNSHINE NINJA THERAPY LLC

Current Principal Place of Business:

4752 WATKINS AVE
SARASOTA, FL 34233

Current Mailing Address:

4752 WATKINS AVE
SARASOTA, FL 34233 US

FEI Number: 84-5113268

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCCREIGHT, KYLE
4752 WATKINS AVE
SARASOTA, FL 34233 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 MCCREIGHT, KYLE
Address 4752 WATKINS AVE
City-State-Zip: SARASOTA FL 34233

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: KYLE MCCREIGHT

04/21/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date