

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000345330

Entity Name: SUNSHINE THERAPEUTIC SERVICES OF FLORIDA LLC

Current Principal Place of Business:

6451 COWPEN ROAD
APT K209
MIAMI LAKES, FL 33014

Current Mailing Address:

6451 COWPEN ROAD
APT K209
MIAMI LAKES, FL 33014

FEI Number: 87-1942510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

R&L SCHUCK CPAS LLC
6710 MAIN STREET
SUITE 233
MIAMI LAKES, FL 33014 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 MGR
Name CRUZ, RICHARD
Address 6451 COWPEN ROAD, APT K209
City-State-Zip: MIAMI LAKES FL 33014

Title MGR
Name FERNANDEZ, GABRIELA
Address 6451 COWPEN ROAD, APT K209
City-State-Zip: MIAMI LAKES FL 33014

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: RICHARD CRUZ

MGR

02/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date