2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2023
Secretary of State
6371445888CC

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Entity Name: SHINE ON THERAPIES, LLC

Current Principal Place of Business:

9005 POLLY AVE.
PANAMA CITY BCH, FL 32408

Current Mailing Address:

9005 POLLY AVE.
PANAMA CITY BCH, FL 32408 US

FEI Number: 88-1993204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBER, RICHARD L
9005 POLLY AVE.
PANAMA CITY BCH, FL 32408 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	MGRM
Name	BARBER, RICHARD L
Address	9005 POLLY AVE.
City-State-Zip:	PANAMA CITY BCH FL 32408

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 L. BARBER MGRM 02/01/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date