

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000490608

**Entity Name:** SUNRISE SKIN AND WELLNESS LLC

**Current Principal Place of Business:**

9079 4TH ST. N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9079 4TH ST. N  
SAINT PETERSBURG, FL 33702 UN

**FEI Number:** 92-1142750

**Certificate of Status Desired:** No

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

DELGADO, PATRICIA M  
9079 4TH ST. N  
ST. PETERSBURG, FL 33702 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 DELGADO, PATRICIA M  
Address 9079 4TH ST. N  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** PATRICIA DELGADO

**MANAGER**

**02/20/2024**

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

\_\_\_\_\_  
Date