

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000039674

**Entity Name:** SUNSHINE DAYCARE OF TAMPA, LLC

**Current Principal Place of Business:**

8401 W HILLSBOROUGH AVE  
STE 2  
TAMPA, FL 33615

**Current Mailing Address:**

8401 W HILLSBOROUGH AVE  
STE 2  
TAMPA, FL 33615 US

**FEI Number:** 92-2408666

**Certificate of Status Desired:** No

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

ALMANZA, ADIS  
8401 W HILLSBOROUGH AVENUE  
SUITE 2  
TAMPA, FL 33615 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 P  
Name QUINTERO, ODALYS  
Address 9016 W. FLORA ST.  
City-State-Zip: TAMPA FL 33615

Title VP  
Name GRILLO, CARLOS  
Address 9016 W FLORA STREET  
City-State-Zip: TAMPA FL 33615

*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:** GRILLO, CARLOS

**PRESIDENT**

**04/21/2024**

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

\_\_\_\_\_  
Date