# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000139039

Entity Name: SUNSHINE NON EMERGENCY TRANSPORTATION SERVICES

LLC

FILED Feb 25, 2024 Secretary of State 3747308322CC

# **Current Principal Place of Business:**

943 GABLE ST

LEHIGH ACRES, FL 33974

# **Current Mailing Address:**

943 GABLE ST

LEHIGH ACRES, FL 33974 US

FEI Number: 92-3293339 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

JOSEPH, MIREILLE L 943 GABLE ST LEHIGH ACRES, FL 33974 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 Title AMBR

Name JOSEPH, MIREILLE L Name JOSEPH, EDENE
Address 943 GABLE ST Address 943 GABLE ST

City-State-Zip: LEHIGH ACRES FL 33974 City-State-Zip: LEHIGH ACRES FL 33974

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MIREILLE JOSEPH

MIREILLE JOSEPH

02/25/2024