

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000198327

**Entity Name:** SUNSHINE HEALTH & WELLNESS CENTER LLC

**Current Principal Place of Business:**

111 NE 1ST STREET, 8TH FLOOR #8348  
MIAMI, FL 33132

**Current Mailing Address:**

111 NE 1ST STREET, 8TH FLOOR #8348  
MIAMI, FL 33132 US

**FEI Number:** 92-1257424

**Certificate of Status Desired:** No

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

NELSON, LETICHIA J  
17720 NW 14TH PL  
MIAMI GARDENS, FL 33169 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 NELSON, LETICHIA J  
Address 17720 NW 14TH PL  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** NELSON, LETICHIA J

**OWNER**

**07/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date