

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000007874

**Entity Name:** SONNY'S DIAMOND SHINE, LLC

**Current Principal Place of Business:**

9050 TYLER BLVD.  
MENTOR, OH 44060

**Current Mailing Address:**

5870 N HIATUS ROAD  
TAMARAC, FL 33321 US

**FEI Number:** 82-2927653

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 SOLE MEMBER  
Name SONNY'S ENTERPRISES, LLC  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title MANAGER  
Name LAWRENCE , KELLY  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title MANAGER  
Name HUTCHINS, CURTIS  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title CEO  
Name HUTCHINS, CURTIS  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT / CHIEF REVENUE OFFICER  
Name PIERCE, KATI  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title CFO  
Name CRUTCHFIELD, BRIAN  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title SVP FINANCE  
Name LAWRENCE, KELLY  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

Title SVP OPERATIONS  
Name KAISERIAN, DAN  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321

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*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:** KELLY LAWRENCE

MANAGER, BY JULIE  
GEDEON, ATTORNEY-IN-FACT

04/18/2024

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP FINANCE  
Name KAROW, MICHAEL  
Address 5870 N HIATUS ROAD  
City-State-Zip: TAMARAC FL 33321