

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000002970

Entity Name: SUN WHOLESale SUPPLY, LLC**Current Principal Place of Business:**6385 150 AVE N
CLEARWATER, FL 33760**Current Mailing Address:**P.O. BOX 6025
CLEARWATER, FL 33758**FEI Number:** 59-2096792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILES, KATE N
6385 150 AVE N
CLEARWATER, FL 33760 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	GCAS
Name	HILES, KATE
Address	6385 150 AVE N
City-State-Zip:	CLEARWATER FL 33760

Title	VS
Name	NEIL, JENNIFER M
Address	109 NORTHPARK BLVD
City-State-Zip:	COVINGTON LA 70433

Title	PCEO
Name	EISCH, JAMES SR
Address	6385 150 AVE N
City-State-Zip:	CLEARWATER FL 33760

Title	VT
Name	HART, MELANIE
Address	109 NORTHPARK BLVD
City-State-Zip:	COVINGTON LA 70433

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: KATE N. HILES**ASSISTANT SECRETARY** 04/28/2023_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date