## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000010849

Entity Name: SHELDONA, LLC

**FILED** Jul 07, 2023 **Secretary of State** 0227775193CR

## **Current Principal Place of Business:**

18851 NE 29TH AVE **SUITE 1011-B** AVENTURA, FL 33180

**Current Mailing Address:** 

PO BOX 611510

NORTH MIAMI, FL 33261-1510

FEI Number: 20-0712796 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIRULNIK, ALEX D PA 2199 PONCE DE LEON BLVD SUITE 301 CORAL GABLES, FL 33134 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: ALEX D SIRULNIK PA 07/07/2023

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

MGRM Title Title **MGRM** 

FISCHER, WALTER SOTOLONGO, DAISY M Name Name

18851 NE 29TH AVE 18851 NE 29TH AVE Address Address

> **SUITE 1011-B SUITE 1011-B**

AVENTURA FL 33180 AVENTURA FL 33180 City-State-Zip: City-State-Zip:

Title **MGRM** 

Name GROSSKOPF, MANUEL 18851 NE 29TH AVE Address

**SUITE 1011-B** 

City-State-Zip: AVENTURA FL 33180

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: MANUEL GROSSKOPF Electronic Signature of Signing Authorized Person(s) Detail **MANAGER** 

07/07/2023