

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000001571

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC2708455863**

**Entity Name:** HERSHYNIKE LLC

**Current Principal Place of Business:**

332 N.W. STRATFORD LANE  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

332 N.W. STRATFORD LANE  
PORT ST. LUCIE, FL 34983 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SHAH, HARSHA  
332 NW STRATFORD LANE  
PORT SAINT LUCIE, FL 34983 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:** HARSHA SHAH

03/14/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHAH, NITIN  
Address 332 NW STRATFORD LANE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title MGRM  
Name SHAH, HARSHA  
Address 332 NW STRATFORD LANE  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title AMBR  
Name SHAH, KARAN  
Address 332 N.W. STRATFORD LANE  
City-State-Zip: PORT ST. LUCIE FL 34983

*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:** HARSHA SHAH

**OFFICER**

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date