# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000028105

Entity Name: SEE SHELLS, AN AUTHORIZED MICHE BAG DISTRIBUTOR,

LLC.

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

1799 CEDAR GLEN DR APOPKA, FL 32712

# **Current Mailing Address:**

1799 CEDAR GLEN DR APOPKA, FL 32712

FEI Number: 27-5393625 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WARREN, BONNIE 1799 CEDAR GLEN DR APOPKA, FL 32712 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

**FILED** Apr 21, 2017

**Secretary of State** 

CC6495421281

### Authorized Person(s) Detail:

**MGRM** 

Name WARREN, BONNIE 1799 CEDAR GLEN DR Address City-State-Zip: APOPKA FL 32712

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: BONNIE E WARREN

04/21/2017