ARTIN LUTHER KING BLVD 33584			
ling Address:			
MARTIN LUTHER KING BLVD FL 33584 US			
: 45-4318678		Certificate of Status Desired	I: No
ddress of Current Registered Agent:			
AN ARTIN LUTHER KING BLVD 33584 US			
l entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Florida.	
SUSAN HAMADA			
		03	8/20/2023
Electronic Signature of Registered Agent		03	B/20/2023 Date
		03	
Electronic Signature of Registered Agent	Title	MGR	
Electronic Signature of Registered Agent Person(s) Detail :	Title Name		
Electronic Signature of Registered Agent Person(s) Detail : MGR		MGR	Date
Electronic Signature of Registered Agent Person(s) Detail : MGR HAMADA, SAID	Name Address	MGR HAMADA, SUSAN	Date
Electronic Signature of Registered Agent Person(s) Detail : MGR HAMADA, SAID 11208 EAST MARTIN LUTHER KING	Name Address	MGR HAMADA, SUSAN 11208 EAST MARTIN LUTHER KING	Date
Electronic Signature of Registered Agent Person(s) Detail : MGR HAMADA, SAID 11208 EAST MARTIN LUTHER KING SEFFNER FL 33584	Name Address	MGR HAMADA, SUSAN 11208 EAST MARTIN LUTHER KING	Date
Electronic Signature of Registered Agent Person(s) Detail : MGR HAMADA, SAID 11208 EAST MARTIN LUTHER KING SEFFNER FL 33584 MGR	Name Address	MGR HAMADA, SUSAN 11208 EAST MARTIN LUTHER KING	Date
	33584 Iing Address: MARTIN LUTHER KING BLVD FL 33584 US : 45-4318678 Address of Current Registered Agent: AN ARTIN LUTHER KING BLVD 33584 US I entity submits this statement for the purpose of changing	33584 <b>ling Address:</b> MARTIN LUTHER KING BLVD FL 33584 US <b>: 45-4318678</b> <b>: 45-4318678</b> <b>: ddress of Current Registered Agent:</b> AN ARTIN LUTHER KING BLVD 33584 US I entity submits this statement for the purpose of changing its registered office or regis	33584 ling Address: MARTIN LUTHER KING BLVD FL 33584 US : 45-4318678 

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: SAID HAMADA

MANAGER

## 03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000007755

Entity Name: SHAMADA, LLC

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FILED Mar 20, 2023 **Secretary of State** 0853177289CC