

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157921

**Entity Name:** LIQUID SQUEEZE, LLC

**Current Principal Place of Business:**

235 N JOG RD  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

235 N JOG RD  
WEST PALM BEACH, FL 33413

**FEI Number:** 46-1584027

**Certificate of Status Desired:** No

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

SHENKMAN, KENNETH D  
235 N JOG RD  
WEST PALM BEACH, FL 33413 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 MGRM  
Name SHENKMAN, KENNETH D  
Address 5576 MUIRFIELD VILLAGE CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title MGRM  
Name SHENKMAN, BRIAN L  
Address 13623 48TH COURT N  
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM  
Name THE SHENKMAN FAMILY REVOCABLE LIVING TRUST  
Address 10926 DOLPHIN PALM CT, #B  
City-State-Zip: BOYNTON BEACH FL 33437

*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:** CAROLE SHENKMAN

**SEC/TREASURER**

**04/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date