

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000140292

**Entity Name:** SHAKA TECHNOLOGIES LLC

**Current Principal Place of Business:**

239 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

239 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225 US

**FEI Number:** 46-3845117

**Certificate of Status Desired:** Yes

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

BEAN, TINA  
2412 PINE CHASE CIRCLE  
SAINT CLOUD, FL 34769 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 LUCAS, DAYNE  
Address 32 ELGAR DRIVE  
City-State-Zip: WITHAM, ESSEX ES CM81Q-D

Title MGRM  
Name LUCAS, BRENDT  
Address 32 ELGAR DRIVE  
City-State-Zip: WITHAM, ESSEX ES CM81Q-D

Title MGRM  
Name LUCAS, RONALD A  
Address 32 ELGAR DRIVE  
City-State-Zip: WITHAM, ESSEX ES CM81Q-D

Title MGRM  
Name LUCAS, WENDY L  
Address 32 ELGAR DRIVE  
City-State-Zip: WITHAM, ESSEX ES CM81Q-D

Title MGRM  
Name SIEGFRIED, GRANT D  
Address 239 CANDLEBARK DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

*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:** DAYNE LUCAS

**MGRM**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date