

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000179456

**Entity Name:** SHIOYA TANAKA LLC

**Current Principal Place of Business:**

11951 INTERNATIONAL DR UNIT 2C4  
ORLANDO, FL 32821

**Current Mailing Address:**

11951 INTERNATIONAL DR UNIT 2C4  
ORLANDO, FL 32821 US

**FEI Number:** 32-0454002

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES  
8615 COMMODITY CIR STE 06  
ORLANDO, FL 32819 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 AMBR  
Name SHIOYA TANAKA, ALINE  
Address RUA COMENDADOR RODOLFO  
CRESPI, 551  
City-State-Zip: SAO BERNARDO DO CAMPO SP  
09620--030

Title AMBR  
Name SHIOYA TANAKA, CINTIA  
Address RUA COMENDADOR RODOLFO  
CRESPI, 551  
City-State-Zip: SAO BERNARDO DO CAMPO SP  
09620--030

Title AMBR  
Name SHIOYA TANAKA, RAFAEL  
Address RUA COMENDADOR RODOLFO  
CRESPI, 551  
City-State-Zip: SAO BERNARDO DO CAMPO SP  
09620--030

Title AMBR  
Name MISTUTAKA TANAKA, NELSON  
Address RUA COMENDADOR RODOLFO  
CRESPI, 551  
City-State-Zip: SAO BERNARDO DO CAMPO SP  
09620--030

*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:** NELSON MISTUTAKA TANAKA

AMBR

02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date