

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000187914

**Entity Name:** SHALOM KVD LLC

**Current Principal Place of Business:**

8649 NW 60TH CT  
PARKLAND, FL 33067

**Current Mailing Address:**

8649 NW 60TH CT  
PARKLAND, FL 33067

**FEI Number:** 47-2591385

**Certificate of Status Desired:** No

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

BELFORT, JOANA MRS  
8649 NW 60TH CT  
PARKLAND, FL 33067 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	MGR	Title	MGR
Name	BELFORT, JOANA MRS	Name	BELFORT, VITOR MR
Address	8649 NW 60TH COURT	Address	8649 NW 60TH CT
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

*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:** JOANA BELFORT

**MANAGER**

**01/23/2017**

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

\_\_\_\_\_  
Date