

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000140760

**Entity Name:** NICHOLLE FERNANDEZ-SHUTE, LLC

**Current Principal Place of Business:**

5333 LEEWARD LANE  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5333 LEEWARD LANE  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 81-3423462

**Certificate of Status Desired:** No

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

FERNANDEZ-SHUTE, NICHOLLE  
5333 LEEWARD LANE  
NEW PORT RICHEY, FL 34652 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 AR  
Name FERNANDEZ-SHUTE, NICHOLLE  
Address 5333 LEEWARD LANE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AP  
Name SHUTE, DANIEL P  
Address 5333 LEEWARD LANE  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** NICHOLLE FERNANDEZ-SHUTE

**AUTHORIZED  
REPRESENTATIVE**

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date