	Current Mail	ing Address:			
	920 CORAL	WAY			
	CORAL GAB	SLES, FL 33134 US			
FEI Number: 81-4131934				Certificate of Status Desired: No	
	Name and A	ddress of Current Registered Agent:			
	NEDEFF, MICH				
	920 CORAL WA	S, FL 33134 US			
		0, TE 33134 00			
	CONAL GABLE	5, TE 35134 05			
		entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fl	orida.
	The above named		stered office or regis	tered agent, or both, in the State of Fi	orida. 01/16/2018
	The above named	entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fl	
	The above named SIGNATURE	entity submits this statement for the purpose of changing its reginst its regi	stered office or regis	tered agent, or both, in the State of Fi	01/16/2018
	The above named SIGNATURE	entity submits this statement for the purpose of changing its reginstration in the statement for the purpose of changing its reginst in the statement of Registered Agent is the statement of Regist	stered office or regis	tered agent, or both, in the State of Fi	01/16/2018
	The above named SIGNATURE Authorized F	entity submits this statement for the purpose of changing its reginant of the purpose of changing its regination of Registered Agent Registered Agent Rerson(s) Detail :			01/16/2018
	The above named SIGNATURE Authorized F Title	I entity submits this statement for the purpose of changing its reginations I MICHEL NEDEFF Electronic Signature of Registered Agent Person(s) Detail: MGR	Title	MGR	01/16/2018
	The above named SIGNATURE Authorized F Title Name	entity submits this statement for the purpose of changing its registered Agent Electronic Signature of Registered Agent Person(s) Detail : MGR SANCHEZ, DAVID	Title Name	MGR NEDEFF, MICHEL 920 CORAL WAY	01/16/2018

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: MICHEL NEDEFF

Electronic Signature of Signing Authorized Person(s) Detail

01/16/2018

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000184936

Entity Name: 3395 SHIPPING LLC

Current Principal Place of Business:

920 CORAL WAY CORAL GABLES, FL 33134

Current Mailing Address

FILED Jan 16, 2018 **Secretary of State** CC7000253910

Date