

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000202360

**Entity Name:** MAID 2 SHINE MIAMI LLC

**Current Principal Place of Business:**

677 TRACE CIRCLE  
APT 205  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

677 TRACE CIRCLE  
APT 205  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 30-0958452

**Certificate of Status Desired:** No

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

TAVARES DE OLIVEIRA, FLAVIO R  
677 TRACE CIRCLE  
APT 205  
DEERFIELD BEACH, FL 33441 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  
Name TAVARES DE OLIVEIRA, FLAVIO R  
Address 677 TRACE CIRCLE, APT 205  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name DE OLIVEIRA GENTIL, FERNANDA  
Address 677 TRACE CIRCLE, APT 205  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name PESSOA, MANOEL DUCA  
Address 800 NW 44 AVENUE  
City-State-Zip: COCONUT CREEK FL 33066

*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:** FLAVIO R TAVARES DE OLIVEIRA

MGR

01/07/2017

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

\_\_\_\_\_  
Date