

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000222002

**Entity Name:** SHAMAN THERAPEUTICS, LLC

**Current Principal Place of Business:**

601 UNIVERSITY BLVD  
SUITE 205  
JUPITER, FL 33458

**Current Mailing Address:**

1757 SW CABIN PL  
PALM CITY , FL 34990 US

**FEI Number:** 81-4667908

**Certificate of Status Desired:** No

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

DURAN, ROBERTO L  
601 UNIVERSITY BLVD  
SUITE 205  
JUPITER, FL 33458 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 CARDONA, GLORIA C  
Address 1757 SW CABIN PLACE  
City-State-Zip: PALM CITY FL 34990

*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:** GLORIA CARDONA

MGR

04/30/2018

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

\_\_\_\_\_  
Date