

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000060400

**Entity Name:** SHINE CREDIT MICROFINANCE, LLC

**Current Principal Place of Business:**

1499 W PALMETTO PARK RD  
STE 107  
BOCA RATON, FL 33486

**Current Mailing Address:**

1499 W PALMETTO PARK RD  
STE 107  
BOCA RATON, FL 33486 US

**FEI Number:** 82-0859500

**Certificate of Status Desired:** No

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

LERRO & CHANDROSS, PLLC  
1499 W PALMETTO PARK RD  
STE 107  
BOCA RATON, FL 33486 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 MGRM  
Name DAN, ROY  
Address 1499 W PALMETTO PARK RD  
STE 107  
City-State-Zip: BOCA RATON FL 33486

*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:** ROY DAN

**MANAGER**

**01/28/2018**

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

\_\_\_\_\_  
Date