

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000096017

**Entity Name:** SHAP2017 LLC

**Current Principal Place of Business:**

8961 NW 154 TERRACE  
SATORI BY LENNAR  
MIAMI LAKES, FL 33018

**Current Mailing Address:**

8961 NW 154 TERRACE  
SATORI BY LENNAR  
MIAMI LAKES, FL 33018 US

**FEI Number:** 36-4868274

**Certificate of Status Desired:** Yes

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

MENDOZA, ANGELICA  
8961 NW 154 TERRACE  
SATORI BY LENNAR  
MIAMI LAKES, FL 33018 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:** ANGELICA MENDOZA

07/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HERNANDEZ, SEBASTIAN  
Address 8961 NW 154 TERRACE  
SATORI BY LENNAR  
City-State-Zip: MIAMI LAKES FL 33018

Title MGR  
Name POLO, ANDREA  
Address 8961 NW 154 TERRACE  
SATORI BY LENNAR  
City-State-Zip: MIAMI LAKES FL 33018

Title MANAGER  
Name MENDOZA, ANGELICA  
Address 704 NE 5 AV SUITE 4  
City-State-Zip: HALLANDALE FL 33009

*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:** ANGELICA MENDOZA

MANAGER

07/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date