

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000106735

**Entity Name:** JOELLE SHEPARD LLC

**Current Principal Place of Business:**

12910 AURALIA RD  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12910 AURALIA RD  
NORTH MIAMI, FL 33181 US

**FEI Number: 81-4946870**

**Certificate of Status Desired: No**

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

QUINTERO, JESUS M  
16860 SW 1ST ST  
PEMBROKE PINES, FL 33027 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            AMBR  
Name            SHEPARD, JOELLE  
Address        12910 AURALIA RD  
City-State-Zip: NORTH MIAMI FL 33181

*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: JOELLE SHEPARD**

**AMBR**

**03/26/2018**

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

\_\_\_\_\_  
Date