#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000184821

Entity Name: SHAENA'S SHINING STARS LLC

### **Current Principal Place of Business:**

801 W STATE RD 436 SUITE 2151 #144 ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

801 W STATE RD 436 SUITE 2151 #144 ALTAMONTE SPRINGS, FL 32714 US

## FEI Number: 59-1216316

## Name and Address of Current Registered Agent:

TYSON, MARSHAENA J 801 W STATE RD436 SUITE 2151 #144 ALTAMONTE SPRINGS, FL 32714 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,

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:	MARSHAENA J TYSON			01/11/2024
	Electronic Signature of Registered Agent			Date
Authorized P	erson(s) Detail :			
Title	AMBR	Title	SECR	
Name	TYSON, MARSHAENA J	Name	TYSON, PHYLLIS	
Address	801 W STATE RD436 SUITE 2151 #144	Address	801 W STATE RD 436 SUITE 2151 #144	
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32	2714
Title	REAS			
Name	TYSON, MARVIN			
	801 W STATE RD436 SUITE 2151 #144			

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: MARSHAENA J TYSON

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jan 11, 2024 Secretary of State 3610077959CC

Certificate of Status Desired: No

01/11/2024