

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000185882

Entity Name: SHALOM MULTI-BUSINESS SERVICES & MORE, LLC**Current Principal Place of Business:**1619 SW CARILLO AVE
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**P. O. BOX 882571
PORT SAINT LUCIE, FL 34988 US**FEI Number:** 82-2652297**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ALL GONE EXTREME CLEAN & RESTORATION, LLC
1619 SW CARILLO AVENUE
PORT SAINT LUCIE, FL 34953 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:** EDLENE KAEISER H

06/21/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name FREDERIC, ROBERT
Address P. O. BOX 882571
City-State-Zip: PORT SAINT LUCIE FL 34988

Title MANAGER
Name FREDERIC , ROSE
Address 1510 NW 134TH STREET
City-State-Zip: MIAMI FL 33167

Title CEO
Name KAEISER, EDLENE
Address P. O. BOX 882571
City-State-Zip: PORT SAINT LUCIE FL 34988

Title AUTHORIZED REPRESENTATIVE
Name ALL GONE EXTREME CLEAN &
RESTORATION; LLC
Address P. O. BOX 882571
City-State-Zip: PORT SAINT LUCIE FL 34988

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: EDLENE KAEISER

CEO

06/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date