

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000204160

**Entity Name:** FULL SHINE LLC

**Current Principal Place of Business:**

615 S. FLAMINGO DRIVE  
HOLLY HILL, FL 32117

**Current Mailing Address:**

615 S. FLAMINGO DRIVE  
HOLLY HILL, FL 32117

**FEI Number:** 82-3535305

**Certificate of Status Desired:** No

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

TORRES, BELKYS  
615 S. FLAMINGO DRIVE  
HOLLY HILL, FL 32117 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 AR  
Name TORRES, BELKYS  
Address 615 S. FLAMINGO DRIVE  
City-State-Zip: HOLLY HILL FL 32117

*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:** BELKYS TORRES

**OWNER**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date