

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000004068

Entity Name: SHALIEVE LLC**Current Principal Place of Business:**1391 NW ST. LUCIE WEST BLVD.
183
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**1391 NW ST. LUCIE WEST BLVD.
183
PORT SAINT LUCIE, FL 34986 US**FEI Number:** 82-4059396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAZIER, VERNON J SR
1391 NW ST. LUCIE WEST BLVD.
183
PORT SAINT LUCIE, FL 34986 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	MGR
Name	SHAZIER, VERNON J SR
Address	1391 NW ST. LUCIE WEST BLVD. 183
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	MGR
Name	SHAZIER, RYAN D SR
Address	1391 NW ST. LUCIE WEST BLVD. 183
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	MGR
Name	SHAZIER, SHAWN D
Address	1391 NW ST. LUCIE WEST BLVD. 183
City-State-Zip:	PORT SAINT LUCIE FL 34986

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: VERNON J. SHAZIER**MANAGER****02/24/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date