that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA G ABBENANTE

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000138332

Entity Name: SHANE M. ABBENANTE, LLC

Current Principal Place of Business:

6648-50 SOUTH U.S. ONE PORT ST. LUCIE. FL 34952

Current Mailing Address:

1189 SW BALMORAL TRACE STUART. FL 34997 US

FEI Number: 83-0813714

Name and Address of Current Registered Agent:

ABBENANTE, SANDRA G 1189 SW BALMORAL TRACE STUART, FL 34997 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

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	ABBENANTE, SANDRA G	Name	ABBENANTE, SHANE M
Address	1189 SW BALMORAL TRACE	Address	1189 SW BALMORAL TRACE
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

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

MANAGER

05/27/2020

FILED May 27, 2020 Secretary of State 5461748036CC

Certificate of Status Desired: Yes

Date

Date