

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000196551

**Entity Name:** SHINE PRODUCTS, LLC

**Current Principal Place of Business:**

239 2ND AVENUE S, 2ND FLOOR  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

239 2ND AVENUE S, SECOND FLOOR  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 83-1595381

**Certificate of Status Desired:** No

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

RUSH, BRYAN J ESQ.  
ONE BISCAYNE TOWER, 2 S BISCAYNE BLVD.  
SUITE 2680  
MIAMI, FL 33131 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 BAER, BRIAN  
Address 239 2ND AVENUE S SECOND FLOOR  
City-State-Zip: ST PETERSBURG FL 33701

Title MGR  
Name DAHBOUR, ALBERT  
Address 23046 AVENIDA DE LA CARLOTA,  
SUITE 636  
City-State-Zip: LAGUNA HILLS CA 92653

Title MGR  
Name NEWMAN, MATTHEW  
Address 239 2ND AVENUE S, SECOND FLOOR  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** BRIAN BAER

**MANAGER**

**04/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date