

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000271746

**Entity Name:** SHANI SELENE ARTISTRY LLC

**Current Principal Place of Business:**

190 INDEPENDENCE LN  
369  
MAITLAND , FL 32751

**Current Mailing Address:**

190 INDEPENDENCE LN  
369  
MAITLAND , FL 32751 US

**FEI Number:** 83-2499968

**Certificate of Status Desired:** No

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

COX, SHANI S  
6876 WESTLAKE BLVD  
ORLANDO, FL 32810 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 MGRM  
Name COX, SHANI S  
Address 190 INDEPENDENCE LN  
369  
City-State-Zip: MAITLAND FL 32751

*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:** SHANI COX

MGRM

04/28/2023

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

\_\_\_\_\_  
Date