

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000080048

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**8658359296CC**

**Entity Name:** SHADALIN LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2465 RIVER RIDGE DR.  
ORLANDO, FL 32825

**Current Mailing Address:**

2465 RIVER RIDGE DR.  
ORLANDO, FL 32825 US

**FEI Number: 81-1798836**

**Certificate of Status Desired: No**

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

ATKINSON, LINTON DR.  
2465 RIVER RIDGE DR.  
ORLANDO, FL 32825 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	DR.	Title	MRS.
Name	ATKINSON, LINTON	Name	ATKINSON, DARLENE
Address	2465 RIVER RIDGE DR.	Address	2465 RIVER RIDGE DR.
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825
Title	MS.		
Name	ATKINSON, SHARIK		
Address	2465 RIVER RIDGE DR.		
City-State-Zip:	ORLANDO FL 32825		

*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: LINTON ATKINSON**

**DR.**

**01/30/2020**

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

\_\_\_\_\_  
Date