

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000174349

**FILED**  
**Jul 09, 2023**  
**Secretary of State**  
**3946161051CC**

**Entity Name:** SHAENICOLE STUDIOS LLC

**Current Principal Place of Business:**

3075 W OAKLAND PARK  
SUITE 101  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

3075 W OAKLAND PARK  
SUITE 101  
OAKLAND PARK, FL 33311 US

**FEI Number:** 84-2627537

**Certificate of Status Desired:** No

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

STANLEY, SHARON N MRS.  
3075 W OAKLAND PARK  
SUITE 101  
OAKLAND PARK, FL 33311 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	CO-OWNER	Title	OWNER
Name	STANLEY, MICHAEL DUANE	Name	STANLEY, SHARON NICOLE
Address	3075 W OAKLAND PARK SUITE 101	Address	3075 W OAKLAND PARK SUITE 101
City-State-Zip:	OAKLAND PARK FL 33311	City-State-Zip:	OAKLAND PARK FL 33311

*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:** SHARON STANLEY

**OWNER**

**07/09/2023**

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

\_\_\_\_\_  
Date