

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000212752

**Entity Name:** SHAKER OF GOODS, LLC

**Current Principal Place of Business:**

504 COURTNEY DR  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

504 COURTNEY DR  
TEMPLE TERRACE, FL 33617

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALEM, SHAKER  
504 COURTNEY DR  
TEMPLE TERRACE, FL 33617 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 SALEM, SHAKER  
Address 504 COURTNEY DR  
City-State-Zip: TEMPLE TERRACE FL 33617

Title AMBR  
Name SALEM, RONNIE E  
Address 504 COURTNEY DR  
City-State-Zip: TEMPLE TERRACE FL 33617

*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:** SHAKER SALEM

**MGR**

**06/21/2020**

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

\_\_\_\_\_  
Date