

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000119166

**Entity Name:** SHEDOBRAIDS LLC

**Current Principal Place of Business:**

20401 NW 2ND AVE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1061 NE 140TH ST  
NORTH MIAMI, FL 33161 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SIMON, NIRVA  
1061 NE 140TH ST  
NORTH MIAMI, FL 33161 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            AMBR  
Name            SIMON, NIRVA  
Address        20401 NW 2ND AVE  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** NIRVA SIMON

**MEMBER**

**04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date