

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000288927

Entity Name: SHAELEGANCE L.L.C.

Current Principal Place of Business:

2119 NICOLLETT WAY
LEESBURG, FL 34748

Current Mailing Address:

2119 NICOLLETT WAY
LEESBURG, FL 34748 US

FEI Number: 85-1814877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, VONDA L
2119 NICOLLETT WAY
LEESBURG, FL 34748 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 MANAGER
Name SIMMONS, VONDA L
Address 2119 NICOLLETT WAY
City-State-Zip: LEESBURG FL 34748

Title AUTHORIZED MEMBER
Name SIMMONS, VONDA L
Address 2119 NICOLLETT WAY
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT
Name SIMMONS, VONDA L
Address 2119 NICOLLETT WAY
City-State-Zip: LEESBURG FL 34748

Title AUTHORIZED REPRESENTATIVE
Name SIMMONS, VONDA L
Address 2119 NICOLLETT WAY
City-State-Zip: LEESBURG FL 34748

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: VONDA L SIMMONS

MS

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date