

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000355821

**Entity Name:** SHIRLY REFUA LLC

**Current Principal Place of Business:**

20515 E. COUNTRY CLUB DR.  
APT. 2045  
AVENTURA, FL 33180

**Current Mailing Address:**

20515 E. COUNTRY CLUB DR.  
APT. 2045  
AVENTURA, FL 33180 UN

**FEI Number:** 85-4013227

**Certificate of Status Desired:** No

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

BAREDES, SALOMON G  
20515 E. COUNTRY CLUB DR.  
APT. 2045  
AVENTURA, FL 33180 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 BAREDES, SALOMON GABRIEL  
Address 20515 E. COUNTRY CLUB DR., APT.  
2045  
City-State-Zip: AVENTURA 33180

Title AUTHORIZED MEMBER  
Name TELIAS, LEON GABRIEL  
Address 20515 E. COUNTRY CLUB DR., APT.  
2045  
City-State-Zip: AVENTURA 33180

Title AUTHORIZED MEMBER  
Name BAREDES, EMILIA JUDITH  
Address 20515 E. COUNTRY CLUB DR., APT.  
2045  
City-State-Zip: AVENTURA 33180

*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:** SALOMON GABRIEL BAREDES

**MANAGER**

**01/17/2021**

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

\_\_\_\_\_  
Date