

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000380068

**Entity Name:** SHAESHAPER/WAIST-TAKER LLC

**Current Principal Place of Business:**

3801 NORTH UNIVERSITY DRIVE  
312  
SUNRISE, FL 33351

**Current Mailing Address:**

3801 NORTH UNIVERSITY DRIVE  
312  
SUNRISE, FL 33351 US

**FEI Number:** 85-4318197

**Certificate of Status Desired:** No

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

TURNER, MISHEA A  
5586 NW 25ST  
24-202  
LAUDERHILL, FL 33313 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           DIRECTOR  
Name           TURNER, MISHEA  
Address        5586 NW 25ST  
                  24-202  
City-State-Zip: LAUDERHILL FL 33313

*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:** TURNER, MISHEA

**MANAGER**

**05/11/2023**

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

\_\_\_\_\_  
Date