

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000107324

**Entity Name:** SH3 SH3D THR3DZ & TR3ASUR'Z "LLC"**Current Principal Place of Business:**697 HENRY JONES ROAD  
TALLAHASSEE, FL 32305**Current Mailing Address:**697 HENRY JONES ROAD  
TALLAHASSEE, FL 32305 UN**FEI Number:** 86-2434417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, TAIJA A  
697 HENRY JONES ROAD  
TALLAHASSEE, FL 32305 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	ROBINSON, TAIJA A
Address	697 HENRY JONES ROAD
City-State-Zip:	TALLAHASSEE FL 32305

Title	AUTHORIZED MEMBER
Name	ROBINSON, JEWUELL M
Address	697 HENRY JONES ROAD
City-State-Zip:	TALLAHASSEE FL 32305

Title	SECRETARY
Name	ROBINSON, MAURJEA A
Address	697 HENRY JONES ROAD
City-State-Zip:	TALLAHASSEE FL 32305

Title	RECEIVER
Name	ROBINSON, X'ZAVERIA L
Address	697 HENRY JONES ROAD
City-State-Zip:	TALLAHASSEE FL 32305

Title	ASST. SECRETARY
Name	ARMSTEAD, TAI'JAHRA L
Address	697 HENRY JONES ROAD
City-State-Zip:	TALLAHASSEE FL 32305

*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:** TAIJA A ROBINSON

MANAGER

05/01/2023

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