

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000300030

**Entity Name:** SHAMAGIC LLC

**Current Principal Place of Business:**

12405 NORTHOVER LOOP  
ORLANDO, FL 32824

**Current Mailing Address:**

12405 NORTHOVER LOOP  
ORLANDO, FL 32824 US

**FEI Number:** 87-1521665

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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	Title	AMBR
Name	PAEZ, ROBERTO	Name	PAEZ, EDUARDO R
Address	12405 NORTHOVER LOOP ORLANDO, FL 32824 US	Address	1101 COLONY POINT CIRCLE APT 502
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	PEMBROKE PINES FL 33026

*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:** ROBERTO PAEZ

SR

09/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date