

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000393393

**Entity Name:** SHABELLA VACATION HOME LLC

**Current Principal Place of Business:**

423 SW 1ST AVE  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

4781 N CONGRESS AVE #1243  
BOYNTON BEACH, FL 33426

**FEI Number:** 87-2541087

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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  
Name BELLANTON, JEAN R  
Address 4781 N CONGRESS AVE #1243  
City-State-Zip: BOYNTON BEACH FL 33426

Title AMBR  
Name BELLANTON, MIREILLE M  
Address 4781 N CONGRESS AVE #1243  
City-State-Zip: BOYNTON BEACH FL 33426

Title MANAGER  
Name BELLANTON, JEAN ROBERT  
Address 3647 NEWPORT AVE  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** JEAN ROBERT BELLANTON

**MEMBER**

**03/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date