

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000042123

**Entity Name:** SHANELLE LUXE BOUTIQUE, LLC

**Current Principal Place of Business:**

4604 49TH ST N 3470  
ST. PETERSBURG , FL 33709

**Current Mailing Address:**

4604 49TH ST N 3470  
ST. PETERSBURG , FL 33709 US

**FEI Number:** 88-0550703

**Certificate of Status Desired:** Yes

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

MEANS, CHIVON S  
4604 49TH ST N 3470  
ST. PETERSBURG , FL 33709 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 MEANS, CHIVON S  
Address 4604 49TH ST N 3470  
City-State-Zip: ST. PETERSBURG FL 33709

Title AMBR  
Name MEANS, QUINTERRIAN D  
Address 4604 49TH ST N 3470  
City-State-Zip: ST. PETERSBURG FL 33709

*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:** CHIVON S MEANS

MGR

03/26/2024

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

\_\_\_\_\_  
Date