

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000249389

Entity Name: SHALOM LLC**Current Principal Place of Business:**9790 NW 51ST LANE
DORAL, FL 33178**Current Mailing Address:**9790 NW 51ST LANE
DORAL, FL 33178**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIAZ HOYOS, SANDRA X
9790 NW 51ST LANE
DORAL, FL 33178 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	DIAZ HOYOS, SANDRA X
Address	9790 NW 51ST LANE
City-State-Zip:	DORAL FL 33178

Title	MGR
Name	AGUALIMPIA JANNING, ANDRES
Address	9790 NW 51ST LANE
City-State-Zip:	DORAL FL 33178

Title	MGR
Name	AGUALIMPIA, SOPHIA
Address	9790 NW 51ST LANE
City-State-Zip:	DORAL FL 33178

Title	MGR
Name	AGUALIMPIA, SEBASTIAN
Address	9790 NW 51ST LANE
City-State-Zip:	DORAL FL 33178

Title	MGR
Name	HOYOS GARCES, ARACELLY
Address	9790 NW 51ST LANE
City-State-Zip:	DORAL FL 33178

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: DIAZ HOYOS, SANDRA X**COFOUNDER****03/07/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date