

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000292079

**Entity Name:** SHINE NEW LIFE, LLC

**Current Principal Place of Business:**

1495 MARDEN RIDGE LOOP  
APT 106  
APOPKA , FL 32703

**Current Mailing Address:**

1495 MARDEN RIDGE LOOP  
APT 106  
APOPKA, FL 32703 US

**FEI Number:** 88-3231186

**Certificate of Status Desired:** No

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

SARIOL BUSINESS GROUP, LLC  
8200 NW 41ST STREET  
SUITE 315  
DORAL, FL 33166 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 CARDOSO GOMEZ, CLAUDIA P  
Address 1495 MARDEN RIDGE LOOP  
APT 106  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name CORREA ORTIZ , JAVIER H  
Address 1495 MARDEN RIDGE LOOP  
APT 106  
City-State-Zip: APOPKA FL 32703

*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:** CORREA ORTIZ , JAVIER H

**DIRECTOR**

**03/06/2023**

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

\_\_\_\_\_  
Date