NAPLES, FL 34102 US			
The above named entity submits this statement for the purpose of changing	its registered office or reg	gistered agent, or both, in the State of	Florida.
SIGNATURE: CHERYL KRAUS			04/07/2021
Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :			
Title AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name SHAHEEN, SAMUEL	Name	SHAHEEN, PETER	

Address

1100 S WASHINGTON SUITE 3 SAGINAW, MI 48601

DOCUMENT# M1500000887

Entity Name: SHAHEEN FAMILY LLC

**Current Principal Place of Business:** 

## **Current Mailing Address:**

1100 S WASHINGTON SUITE 3 SAGINAW, MI 48601

City-State-Zip: SAGINAW MI 48601

## FEI Number: 46-1581874

## Name and Address of Current Registered Agent:

1100 S WASHINGTON SUITE 3

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

KRAUS, CHERYL R 1075 GOODLETTE RD N NAPLES,

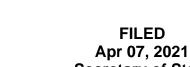
Title Name Address

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: PETER SHAHEEN

04/07/2021 AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

1100 S WASHINGTON SUITE 3

City-State-Zip: SAGINAW MI 48601

## Secretary of State 2983197495CC

Date