

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078919

**FILED**  
**Aug 27, 2012**  
**Secretary of State**

**Entity Name:** SHINE EXPERT SERVICES LLC

**Current Principal Place of Business:**

4358 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4358 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 45-2703740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GARCIA, PERCY M  
4358 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224 US

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

GARCIA, SABINA  
4358 RIPKEN CIRCLE EAST  
JACKSONVILLE, FL 32224 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:** SABINA GARCIA

08/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** GARCIA, SABINA  
**Address:** 4358 RIPKEN CIRCLE EAST  
**City-St-Zip:** JACKSONVILLE, FL 32224

**Title:** VP  
**Name:** GARCIA, PERCY  
**Address:** 4358 RIPKEN CIRCLE EAST  
**City-St-Zip:** JACKSONVILLE, FL 32224

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** SABINA GARCIA

PRES

08/27/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date