

# LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # L170000081159

1. Entity Name

SHOPTRENDSTER LLC



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**FILED**  
**Dec 01, 2020 08:00 AM**  
**Secretary of State**

300361529053  
03/08/21--01006--006 \*\*130.75

CR2E083B (1/14)

2. Principal Place of Business - No P.O. Box #

8800 NW 107 CT

3. Mailing Address

11411 NW 60 ST

Suite, Apt. #, ect.

UNIT 102

Suite, Apt. #, ect.

APT 276

City & State

DORAL, FL

City & State

DORAL, FL

Zip

33178

Country

US

Zip

33178

Country

US

4. FEI Number

82-1363939

☐ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6.

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7. Name and Address of Current Registered Agent

Name

BADELL OFFICES LLC

Street Address (P.O. Box Number is Not Acceptable)

350 S MIAMI AVE STE A

City

MIAMI

FL

Zip Code 33130

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

12/21/20  
DATE

E-mail Address:

emoncada@lavenmano.com.ve

January 1 - May 1 Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

To be used for future annual report notices

9. AUTHORIZED REPRESENTATIVES/MANAGERS

TITLE	MGRM
NAME	EDGAR A MONCADA
STREET ADDRESS	11411 NW 60 ST APT 276 DORAL FL 33178
CITY - ST - ZIP	DORAL FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10.

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IN THIS SPACE

dec 21/21

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 317.06, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED/PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

12/21/20 (786) 37018020

Date

Daytime Phone