

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010593

Entity Name: LET YOUR LIGHT SHINE INC.**Current Principal Place of Business:**1311 NW 195 ST
MIAMI, FL 33169**Current Mailing Address:**1311 NW 195 ST
MIAMI, FL 33169**FEI Number:** 47-2377053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOND, JULIET
1311 NW 195 ST
MIAMI, FL 33169 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**Officer/Director Detail :**

Title	P
Name	BOND, JULIET
Address	1311 NW 195 ST
City-State-Zip:	MIAMI FL 33169

Title	D
Name	CODNER, DUANE O
Address	1311 NW 195 STREET
City-State-Zip:	MIAMI FL 33169

Title	D
Name	BOND, ADRIAN
Address	1311 NW 195TH ST.
City-State-Zip:	MIAMI FL 33169

Title	D
Name	CODNER, DUANE O
Address	1311 NW 195 STREET
City-State-Zip:	MIAMI FL 33169

Title	D
Name	BOND, ADRIAN
Address	1311 NW 195TH ST.
City-State-Zip:	MIAMI FL 33169

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIET BOND**PRESIDENT****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date