

**2017 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 GABRIEL, ROBERT  
Address 929 NW 161ST AVE  
City-State-Zip: PEMBROKE PINES FL 33028

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

Title D  
Name GABRIEL, ROBERT  
Address 929 NW 161ST AVE  
City-State-Zip: PEMBROKE PINES FL 33028

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**

**05/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date