

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031027

**Entity Name:** SHOPPES OF NORSHORE, LLC

**Current Principal Place of Business:**

363 ATLANTIC BLVD.  
ALTANTIC BEACH, FL 32233

**Current Mailing Address:**

2440 MAYPORT ROAD  
7  
ATLANTIC BEACH, FL 32233 US

**FEI Number:** 26-4559894

**Certificate of Status Desired:** No

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

SORRELL, MARY C  
2440 MAYPORT ROAD  
SUITE 7  
JACKSONVILLE, FL 32233 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

**Authorized Person(s) Detail :**

Title           MEMB  
Name           HIONIDES, CHRIS  
Address        2440 MAYPORT ROAD  
                  SUITE 7  
City-State-Zip: JACKSONVILLE FL 32233

*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:** CHRIS HIONIDES

**OWNER**

**04/25/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date