

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064068

**Entity Name:** SHORES LIQUOR LLC

**Current Principal Place of Business:**

14630 PALM BEACH BLVD  
SUITE 1  
FORT MYERS, FL 33905

**Current Mailing Address:**

14630 PALM BEACH BLVD  
SUITE 1  
FORT MYERS, FL 33905

**FEI Number:** 27-0485046

**Certificate of Status Desired:** No

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

N AIK, CHANDRAJEET R  
3145 ROYAL GARDENS AVE  
FORT MYERS, FL 33916 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 MGRM  
Name NAIK, CHANDRAJEET R  
Address 3145 ROYAL GARDENS AVE  
City-State-Zip: FORT MYERS FL 33916

Title MGRM  
Name RATHOD, SUVARNA M  
Address 146 EAST NORTSHORE AVE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title AMBR  
Name PATEL, ASHISH  
Address 5050 WEST 107TH CT  
City-State-Zip: WESTMINISTER CO 80031

*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:** CHANDRAJEET NAIK

MANAGING MEMBER

03/14/2023

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

\_\_\_\_\_ Date