

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104357

**Entity Name:** PHANTASLUBE LLC

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY  
INTERNATIONAL PLACE II SUITE 130  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O NANCY J. FLINT ATTORNEY AT LAW P.A.  
1580 SAWGRASS CORPORATE PARKWAY SUITE 130  
SUNRISE, FL 33323 US

**FEI Number:** 27-3833590

**Certificate of Status Desired:** No

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

SHANKMAN, RICHARD STUART DR.  
C/O NANCY J. FLINT ATTORNEY AT LAW P.A.  
1580 SAWGRASS CORPORATE PARKWAY SUITE 130  
SUNRISE, FL 33323 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:** RICHARD S SHANKMAN

02/03/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	MANAGER
Name	PEERLESS WORLDWIDE, LLC	Name	SHANKMAN, RICHARD STUART DR.
Address	C/O NANCY J. FLINT ATTORNEY AT LAW P.A. 1580 SAWGRASS CORPORATE PARKWAY SUITE 130	Address	1580 SAWGRASS CORPORATE PARKWAY INTERNATIONAL PLACE II SUITE 130
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** RICHARD STUART SHANKMAN

MGRM

02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date