

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000073761

Entity Name: SHIP SHAPE WATER FITNESS SPECIALISTS, LLC

Current Principal Place of Business:

204 8TH. STREET,
APT B
ST. AUGUSTINE, FL 32080

Current Mailing Address:

P.O. BOX 597
FLAGLER BEACH, FL 32136 US

FEI Number: 45-5471523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, SHARON B
204 8TH STREET
APT B
ST. AUGUSTINE, FL 32080 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 MGR
Name SMITH, SHARON B
Address 204 8TH STREET
APT. B
City-State-Zip: ST. AUGUSTINE FL 32080

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: SHARON B. SMITH

MANAGING PARTNER

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date