

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000140827

**Entity Name:** SHALEY DESIGNS, LLC

**Current Principal Place of Business:**

7245 GENNAKER DR.  
TAMPA, FL 33607

**Current Mailing Address:**

7245 GENNAKER DR.  
TAMPA, FL 33607

**FEI Number:** 46-3834270

**Certificate of Status Desired:** No

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

GIBBONS, GARY A  
3321 HENDERSON BLVD.  
TAMPA, FL 33609 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           MANAGER  
Name           HALEY, SHARON  
Address        7245 GENNAKER DR.  
City-State-Zip: TAMPA FL 33607

Title           AUTHORIZED MEMBER  
Name           STIMA, MICHAEL W III  
Address        7245 GENNAKER DR.  
City-State-Zip: TAMPA FL 33607

*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 HALEY

**MANAGER**

**05/01/2017**

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

\_\_\_\_\_  
Date