## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000011301

Entity Name: MYSTIQUE NOKOMIS, LLC

**Current Principal Place of Business:** 

202 LONESOME PINE DR LONGWOOD. FL 32750

**Current Mailing Address:** 

202 LONESOME PINE DR LONGWOOD, FL 32750 US

FEI Number: 47-0961115 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHELLHAMMER, GRANT 202 LONESOME PINE DR LONGWOOD, FL 32750 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

FILED Apr 19, 2016

**Secretary of State** 

CC6416759074

## Authorized Person(s) Detail:

Title MGR

Name SHELLHAMMER, GRANT
Address 202 LONESOME PINE DR
City-State-Zip: LONGWOOD FL 32750

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: GRANT SHELLHAMMER

**MGR** 

04/19/2016