

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000182772

**Entity Name:** SHERWAY LLC

**Current Principal Place of Business:**

1501 E SLIGH AVE  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 9776  
TAMPA, FL 33674 US

**FEI Number:** 47-2395450

**Certificate of Status Desired:** No

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

SAMUELS, SHERRIANN A  
1901 W SLIGH AVE  
TAMPA, FL 33604 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 SAMUELS, SHERRIANN A  
Address PO BOX 9776  
City-State-Zip: TAMPA FL 33674

*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:** SHERRIANN SAMUELS

MGR

04/18/2024

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

\_\_\_\_\_ Date