

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000046041

Entity Name: MICHAEL SHINE LLC

Current Principal Place of Business:

372 KAYE STREET
FORT PIERCE, FL 34947

Current Mailing Address:

372 KAYE STREET
FORT PIERCE, FL 34947

FEI Number: 47-3437914

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHANOFF, MICHAEL P
372 KAYE STREET
FORT PIERCE, FL 34947 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 MR.
Name STEPHANOFF, MICHAEL P
Address 372 KAYE STREET
City-State-Zip: FORT PIERCE FL 34947

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: MICHAEL STEPHANOFF

03/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date