

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000129508

**Entity Name:** SENSUAL CREATIONS LLC

**Current Principal Place of Business:**

MICHAEL HAGGERTY  
2833 N.W. 21ST AVE  
CAPE CORAL, FL 33993

**FILED**  
**Feb 06, 2017**  
**Secretary of State**  
**CC1994182143**

**Current Mailing Address:**

MICHAEL HAGGERTY  
2833 N.W. 21ST AVE  
CAPE CORAL, FL 33993 US

**FEI Number:** 47-4684279

**Certificate of Status Desired:** No

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

HAGGERTY, MICHAEL  
2833 N.W. 21ST AVE  
CAPE CORAL, FL 33993 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           TREASURER  
Name           HAGGERTY, MICHAEL G  
Address        2833 NW 21ST AVE  
City-State-Zip: CAPE CORAL FL 33993

Title           AUTHORIZED MEMBER  
Name           SHGASTUME, DARIO  
Address        2833 N.W. 21ST AVE  
City-State-Zip: CAPE CORAL FL 33993

*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 HAGGERTY

**TREASURER**

**02/06/2017**

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

\_\_\_\_\_  
Date