

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000165065

**Entity Name:** SHOP OF FLORIDA CITY LLC

**Current Principal Place of Business:**

19717 NW 37 AVE  
MIMAI, FL 33056

**Current Mailing Address:**

19717 NW 37 AVE  
MIMAI, FL 33056

**FEI Number: 81-3794560**

**Certificate of Status Desired:** No

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

IQBAL, ANIL  
19717 NW 37 AVE  
MIAMI, FL 33056 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 P  
Name IQBAL, ANIL  
Address 19717 NW 37 AVE  
City-State-Zip: MIAMI FL 33056

*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:** ANIL IQBAL

P

04/28/2017

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

\_\_\_\_\_  
Date