

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000062062

**Entity Name:** SHABBY RESTORE LLC

**Current Principal Place of Business:**

40176 US HWY 19 N  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

35595 US HWY 19 NORTH  
176  
PALM HARBOR, FL 34684 US

**FEI Number:** 88-0453639

**Certificate of Status Desired:** No

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

ZIRBEL, LOREN  
1478 RIDGE TOP DR.  
TARPON SPRINGS, FL 34688 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 ZIRBEL, LOREN  
Address 35595 US HWY 19 NORTH, UNIT 176  
City-State-Zip: PALM HARBOR FL 34684

*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:** LOREN ZIRBEL

**MEMBER**

**02/01/2021**

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

\_\_\_\_\_  
Date