

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000211802

**Entity Name:** LUXURY LIVING SOLUTION LLC

**Current Principal Place of Business:**

13506 SUMMERPORT VILLAGE PKWY  
SUITE 814  
WINDERMERE, FL 34786

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PKWY  
SUITE 814  
WINDERMERE, FL 34786 US

**FEI Number:** 83-2114266

**Certificate of Status Desired:** Yes

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

CONNELLY, SHANNON  
13506 SUMMERPORT VILLAGE PKWY  
SUITE 814  
WINDERMERE, FL 34786 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            PRESIDENT  
Name            CONNELLY, SHANNON M  
Address        13506 SUMMERPORT VILLAGE PKWY  
                  #814  
City-State-Zip: WINDERMERE FL 34786

*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:** SHANNON CONNELLY

**PRESIDENT**

**02/01/2021**

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

\_\_\_\_\_  
Date