

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000275669

**Entity Name:** SEE ME SHINE LLC

**Current Principal Place of Business:**

1209 W OAK ST #15  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1209 W OAK ST #15  
KISSIMMEE, FL 34741 US

**FEI Number:** 84-3732971

**Certificate of Status Desired:** No

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

WILLIAMS, DEBBIE  
1209 W OAK ST #15  
KISSIMMEE, FL 34741 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:** DEBBIE WILLIAMS

09/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIAMS, DEBBIE  
Address 1209 W OAK ST #15  
City-State-Zip: KISSIMMEE FL 34741

*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:** DEBBIE WILLIAMS

MANAGER

09/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date