

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000129816

Entity Name: SHOPFORME LLC

Current Principal Place of Business:

6735 CONROY ROAD
STE 309
ORLANDO, FL 32835

Current Mailing Address:

6735 CONROY ROAD
STE 309
ORLANDO, FL 32835 US

FEI Number: 85-1099958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ICONNECT SOLUTIONS CORP
6735 CONROY ROAD
STE 309
ORLANDO, FL 32835 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 AMBR
Name BONINI MIRANDA, ERIKA MARIA
Address RUA PORTO MARTINS,85
City-State-Zip: SAO PAULO 04570-140

Title AMBR
Name MIRANDA, EDSON FABIANO
Address RUA PORTO MARTINS,85
City-State-Zip: SAO PAULO 04570-140

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: ERIKA MARIA BONINI MIRANDA

AMBR

04/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date