

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000201528

**Entity Name:** PURE SHINE SOLUTIONS LLC

**Current Principal Place of Business:**

7934 LIMONIA DR.  
INDIAN LAKE ESTATES, FL 33855

**Current Mailing Address:**

P.O. BOX 7691  
INDIAN LAKE ESTATES, FL 33855 US

**FEI Number:** 85-1904229

**Certificate of Status Desired:** No

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

FRANCIS, ANGELA D  
7934 LIMONIA DR  
INDIAN LAKE ESTATES, FL 33855 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, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name FRANCIS, ANGELA DENISE  
Address 7934 LIMONIA DR  
City-State-Zip: INDIAN LAKE ESTATES FL 33855

Title AUTHORIZED MEMBER  
Name FRANCIS, TIMOTHY M  
Address P.O. BOX 7691  
City-State-Zip: INDIAN LAKE ESTATES FL 33855

*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:** ANGELA FRANCIS

OWNER/MANAGER/AGEN 02/20/2025  
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\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date