

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000156828

**Entity Name:** PHILLIPS SHINE UNITED LLC

**Current Principal Place of Business:**

105 POMPEI DR  
KISSIMMEE, FL 34758

**Current Mailing Address:**

105 POMPEI DR  
KISSIMMEE, FL 34758 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PHILLIPS, LEON B  
133 KINGS POND AVE  
WINTER HAVEN, FL 33880 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            CEO  
Name            PHILLIPS, CLARISSIA Y  
Address        105 POMPEI DR  
City-State-Zip: KISSIMMEE FL 34758

*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:** PHILLIPS, CLARISSIA Y

**OWNER**

**05/01/2023**

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

\_\_\_\_\_ Date