

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000398352

**Entity Name:** REASONS TO SHINE LLC

**Current Principal Place of Business:**

1005 WHITEHURST RD  
LOT 30  
PLANT CITY, FL 33563

**Current Mailing Address:**

10226 CURRY FORD RD  
SUITE 107- BOX #35  
ORLANDO, FL 32825 FL

**FEI Number:** 88-0720743

**Certificate of Status Desired:** No

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

FONVILLE, AALIYAH M  
1005 WHITEHURST RD  
LOT 30  
PLANT CITY, FL 33563 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 FONVILLE, AALIYAH M  
Address 1005 WHITEHURST RD LOT 30  
City-State-Zip: PLANT CITY FL 33563

Title AMBR  
Name FONVILLE, ALEXIS N  
Address 1005 WHITEHURST RD LOT 30  
City-State-Zip: PLANT CITY FL 33563

Title AMBR  
Name FONVILLE, PAMELA Y  
Address 1005 WHITEHURST RD LOT 30  
City-State-Zip: PLANT CITY FL 33563

Title AMBR  
Name FONVILLE, KERYSSA D  
Address 1005 WHITEHURST RD LOT 30  
City-State-Zip: PLANT CITY FL 33563

Title AMBR  
Name FONVILLE, SHANISE M  
Address 1005 WHITEHURST RD LOT 30  
City-State-Zip: PLANT CITY FL 33563

*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:** AALIYAH FONVILLE

**AUTHORIZED MANAGER** 04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date