

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000245490

**Entity Name:** GO SHINE MIAMI LLC

**Current Principal Place of Business:**

517 NE 2ND AVE  
UNT B  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

517 NE 2ND AVE  
UNT B  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 88-2875953

**Certificate of Status Desired:** No

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

EGOSHINA, ANASTASIIA  
517 NE 2ND AVE  
UNIT B  
FORT LAUDERDALE, FL 33301 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:** EGOSHINA ANASTASIIA

02/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name EGOSHINA, ANASTASIIA  
Address 517 NE 2ND AVE  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** EGOSHINA, ANASTASIIA

PRINCIPAL. OWNER

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date