

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000504909

**Entity Name:** CALUCA SHINE SERVICES LLC

**Current Principal Place of Business:**

6145 NW 7TH AVE.  
APT. 912  
MIAMI, FL 33127

**Current Mailing Address:**

6145 NW 7TH AVE.  
APT. 912  
MIAMI, FL 33127 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALDANA, CARLA  
6145 NW 7TH AVE.  
APT. 912  
MIAMI, FL 33127 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:** CARLA L SALDANA

02/25/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SALDANA, CARLA  
Address 6145 NW 7TH AVE., APT. 912  
City-State-Zip: MIAMI FL 33127

*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:** CARLA L SALDANA

**OWNER**

02/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date