2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005404

Entity Name: SHORELIGHT, LLC

Current Principal Place of Business:

2 SEAPORT LANE
 SUITE 500
BOSTON, MA 02210

Current Mailing Address:

2 SEAPORT LANE
 SUITE 500
BOSTON, MA 02210 US

FEI Number: 46-2010227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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	MANAGING MEMBER	Title	MEMBER
Name	SHORELIGHT HOLDINGS, LLC	Name	SHORELIGHT-NEXUS, INC.
Address	2 SEAPORT LANE SUITE 500	Address	2 SEAPORT LANE SUITE 500
City-State-Zip:	BOSTON MA 02110	City-State-Zip:	BOSTON MA 02110
Title	MANAGER/CEO	Title	MANAGER/SVP/SECRETARY
Name	DRETLER, TOM	Name	KEIZER, JOHAN DE MUINCK
Address	2 SEAPORT LANE SUITE 500	Address	2 SEAPORT LANE SUITE 500
City-State-Zip:	BOSTON MA 02110	City-State-Zip:	BOSTON MA 02110
Title	EXECUTIVE VICE PRESIDENT	Title	VP
Name	CLEVELAND, BASIL	Name	BATES, PAMELA J.
Address	2 SEAPORT LANE SUITE 500	Address	2 SEAPORT LANE SUITE 500
City-State-Zip:	BOSTON MA 02110	City-State-Zip:	BOSTON MA 02110
Title	ASSISTANT SECRETARY		
Name	DAVIDSON, KYLA		
Address	2 SEAPORT LANE SUITE 500		
City-State-Zip:	BOSTON MA 02110		

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: KYLA DAVIDSON   ASSISTANT SECRETARY/SENIOR COUNSEL   04/25/2025
_____

Electronic Signature of Signing Authorized Person(s) Detail   Date