

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000257264

**Entity Name:** SHARD BUGS, LLC

**Current Principal Place of Business:**

22249 YONKERS AVE.  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

22249 YONKERS AVE.  
PORT CHARLOTTE, FL 33952 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SILVA, LUIS J  
22249 YONKERS AVE.  
PORT CHARLOTTE, FL 33952 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 MGR  
Name SILVA, ISABELLA M  
Address 22249 YONKERS AVE.  
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGR  
Name SILVA, ALYSSA P  
Address 22249 YONKERS AVE.  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** SILVA , ALYSSA P

MGR

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date