

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000309

**Entity Name:** SHACKELFORD, L.C.

**Current Principal Place of Business:**

3106 81ST COURT EAST  
BRADENTON, FL 34212

**Current Mailing Address:**

PO BOX 91  
ELLENTON, FL 34222

**FEI Number:** 65-0975216

**Certificate of Status Desired:** No

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

SHACKELFORD, BRUCE  
3106 81ST COURT EAST  
BRADENTON, FL 34212 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            PART  
Name            SHACKELFORD, BRUCE  
Address        PO BOX 91  
City-State-Zip: ELLENTON FL 34222

Title            PART  
Name            JAMES, KAREN  
Address        25426 RANCAQUA DR.  
City-State-Zip: PUNTA GORDA FL 33983

Title            PART  
Name            SHACKELFORD, GARY L  
Address        3006 WILDERNESS BLVD WEST  
City-State-Zip: PARRISH FL 34219

Title            PART  
Name            SHAKELFORD, LELAND  
Address        3212 COUNTRY RIVER DR.  
City-State-Zip: PARRISH FL 34219

Title            PART  
Name            SHACKELFORD, BRENT  
Address        PO BOX 91  
City-State-Zip: ELLENTON FL 34222

*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:** BRUCE SHACKELFORD

**PARTNER**

**02/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date