

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028206

**Entity Name:** SHAGBARK PARTNERS, L.L.C.

**Current Principal Place of Business:**

8902 NORTH DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**Current Mailing Address:**

8902 NORTH DALE MABRY HWY  
SUITE 200  
TAMPA, FL 33614

**FEI Number:** 54-2119634

**Certificate of Status Desired:** No

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

WALTERS, CLIFFORD L  
802 11TH STREET WEST  
BRADENTON, FL 34205 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 LEEDS, MICHAEL J  
Address 8902 NORTH DALE MABRY HWY,  
SUITE 200  
City-State-Zip: TAMPA FL 33614

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL J LEEDS

MGR

03/11/2013

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

\_\_\_\_\_ Date