

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024843

**Entity Name:** SHANNON KINGERY, LLC

**Current Principal Place of Business:**

4201 GULL COVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

P O BOX 2041  
NEW SMYRNA BEACH, FL 32170 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C M LYBRAND & CO LLC  
728 CANAL ST  
NEW SMYRNA BEACH, FL 32168 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 MGRM  
Name KINGERY, SHANNON R  
Address 4201 GULL COVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MGRM  
Name KINGERY, CHRISTINE A  
Address 4201 GULL COVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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:** SHANNON KINGERY

MGRM

04/28/2014

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

\_\_\_\_\_  
Date