

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029756

**Entity Name:** SHAFER CONSULTING, LLC

**Current Principal Place of Business:**

1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236

**Current Mailing Address:**

PO BOX 2879  
SARASOTA, FL 34230

**FEI Number:** 26-4540140

**Certificate of Status Desired:** No

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

SHAFER, JENNIFER L  
1530 DOLPHIN STREET  
SUITE 4  
SARASOTA, FL 34236 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 SHAFER, JENNIFER L  
Address PO BOX 2879  
City-State-Zip: SARASOTA FL 34230

*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:** JENNIFER SHAFER

**AGENT**

**04/24/2018**

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

\_\_\_\_\_  
Date