Current Pri	e: SHEFFIELD MANAGEMENT AND ENTERT. ncipal Place of Business:	AINMENT GRO	OUP, LLC	2085034788CC
932 ANCHORA TAMPA, FL 22				
Current Mai	iling Address:			
932 ANCHC TAMPA, FL	RAGE ROAD 33602 US			
FEI Number: 37-1606386 Certifica			Certificate of S	tatus Desired: No
Name and A	Address of Current Registered Agent:			
SHEFFIELD, D 390 NORTH OI SUITE 1400	ELEON RANGE AVENUE			
ORLANDO, FL	32801 US			
·	32801 US d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in t	the State of Florida.
The above name		istered office or regis	tered agent, or both, in t	the State of Florida. 03/09/2021
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in a	
The above name	d entity submits this statement for the purpose of changing its regi E:	istered office or regis	tered agent, or both, in i	03/09/2021
The above name	d entity submits this statement for the purpose of changing its regi E: DELEON SHEFFIELD Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in t	03/09/2021
The above name SIGNATURE Authorized	d entity submits this statement for the purpose of changing its regination of the purpose of the purpose of changing its regination of the purpose of the pu			03/09/2021 Date
The above name SIGNATURE Authorized Title	d entity submits this statement for the purpose of changing its regises DELEON SHEFFIELD Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title	MGRM	03/09/2021 Date
The above name SIGNATURE Authorized Title Name	d entity submits this statement for the purpose of changing its regises DELEON SHEFFIELD Electronic Signature of Registered Agent Person(s) Detail : MGRM SHEFFIELD, GARY 932 ANCHORAGE ROAD	Title Name	MGRM SHEFFIELD, DELE 932 ANCHORAGE	O3/09/2021 Date
The above name SIGNATURE Authorized Title Name Address	d entity submits this statement for the purpose of changing its regises DELEON SHEFFIELD Electronic Signature of Registered Agent Person(s) Detail : MGRM SHEFFIELD, GARY 932 ANCHORAGE ROAD	Title Name Address	MGRM SHEFFIELD, DELE 932 ANCHORAGE	O3/09/2021 Date
The above name SIGNATURE Authorized Title Name Address	d entity submits this statement for the purpose of changing its regises DELEON SHEFFIELD Electronic Signature of Registered Agent Person(s) Detail : MGRM SHEFFIELD, GARY 932 ANCHORAGE ROAD	Title Name Address	MGRM SHEFFIELD, DELE 932 ANCHORAGE	O3/09/2021 Date

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.

MGR

SIGNATURE: DELEON SHEFFIELD

Electronic Signature of Signing Authorized Person(s) Detail

# Date

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L09000123084

#### Entity No

# FILED Mar 09, 2021 Secretary of State