

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014233

Entity Name: SHADD ENTERPRISES, LLC**Current Principal Place of Business:**9678 SW STATE ROAD 121
LAKE BUTLER, FL 32054**Current Mailing Address:**POST OFFICE BOX 506
LAKE BUTLER, FL 32054**FEI Number:** 45-4406131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALL, CARITA S
9678 SW STATE ROAD 121
LAKE BUTLER, FL 32054 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 DRIGGERS, CASSANDRA S
Address 9678 SW STATE ROAD 121
City-State-Zip: LAKE BUTLER FL 32054

Title MGRM
Name WALL, CARITA
Address 9678 SW STATE ROAD 121
City-State-Zip: LAKE BUTLER FL 32054

Title MANAGER
Name SHADD, JOHN LOWELL
Address PO BOX 506
City-State-Zip: LAKE BUTLER FL 32054

Title MANAGER
Name THOMAS, CAILEY
Address PO BOX 506
City-State-Zip: LAKE BUTLER FL 32054

Title MANAGER
Name EMERY, CARISSA DRIGGERS
Address PO BOX 506
City-State-Zip: LAKE BUTLER FL 32054

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: CARITA SHADD WALL

MANAGER

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date