

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000037832

**Entity Name:** SHAMAN EAGLE ENTERPRISES, LLC

**Current Principal Place of Business:**

11115 SW 93RD COURT, STE 500  
OCALA, FL 34481

**Current Mailing Address:**

11115 SW 93RD COURT, STE 600  
OCALA, FL 34481 US

**FEI Number:** 45-4822806

**Certificate of Status Desired:** No

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

LEMIRE, JAMES  
11115 SW 93RD. CT RD  
SUITE 600  
OCALA, FL 34481 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	Title	MGRM
Name	LEMIRE, JAMES	Name	LEMIRE, NURIS
Address	11115 SW 93RD CT RD SUIT 600	Address	11115 SW 93RD CT RD SUITE 600
City-State-Zip:	OCALA FL 34481	City-State-Zip:	OCALA FL 34481

*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:** JAMES E LEMIRE

SHARLENE ALBURY

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date