

2014 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: Yes

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 MD,PA

PRESIDENT/MANAGER

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date