

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000072030

**Entity Name:** SHEFFIELD MANAGERS, LLC

**Current Principal Place of Business:**

565 RIVER MOORINGS DR.  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

565 RIVER MOORINGS DR.  
MERRITT ISLAND, FL 32953

**FEI Number:** 45-5383569

**Certificate of Status Desired:** No

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

NASH, CHARLES I  
NASH & KROMASH, LLP  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 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 SHEFFIELD, BILLY E  
Address 565 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

Title MGRM  
Name SHEFFIELD, SALLY  
Address 565 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** SALLY SHEFFIELD

**MANAGER**

**04/03/2017**

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

\_\_\_\_\_  
Date