

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101423

**Entity Name:** SHANNON DE LEON CONSULTING, LLC

**Current Principal Place of Business:**

5058 SW 168TH AVENUE  
APT/SUITE  
MIRAMAR, FL 33027

**Current Mailing Address:**

5058 SW 168TH AVENUE  
APT/SUITE  
MIRAMAR, FL 33027 US

**FEI Number:** 46-0727795

**Certificate of Status Desired:** No

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

DE LEON, SHANNON  
5058 SW 168TH AVENUE  
APT/SUITE  
MIRAMAR, FL 33027 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 DE LEON, SHANNON  
Address 5058 SW 168TH AVENUE APT/SUITE  
City-State-Zip: MIRAMAR FL 33027

*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:** SHANNON DE LEON

**OWNER**

**01/09/2014**

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

\_\_\_\_\_  
Date