

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000118430

**Entity Name:** SHAFFER AND ASSOCIATES, LLC

**Current Principal Place of Business:**

1633 GALLEON DR.  
NAPLES, FL 34102

**Current Mailing Address:**

1633 GALLEON DR.  
NAPLES, FL 34102 US

**FEI Number: 46-1021298**

**Certificate of Status Desired:** No

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

NOVATT, JEFF ESQ.  
1415 PANTHER LANE  
SUITE 327  
NAPLES, FL 34109 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:** JEFF NOVATT, ESQ.

01/07/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SHAFFER, OREN  
Address 1633 GALLEON DR.  
City-State-Zip: NAPLES FL 34102

*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:** OREN SHAFFER

MGR

01/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date