

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000140265

**Entity Name:** SHADD LODGE, LLC**Current Principal Place of Business:**9678 SW SR 121  
LAKE BUTLER, FL 32054**Current Mailing Address:**PO BOX 506  
LAKE BUTLER, FL 32054**FEI Number:** 46-1337081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRIGGERS, CASSANDRA S  
9678 SW SR 121  
LAKE BUTLER, FL 32054 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 DRIGGERS, CASSANDRA S  
Address 9678 SW SR 121  
City-State-Zip: LAKE BUTLER FL 32054

Title MGR  
Name WALL, CARITA S  
Address PO BOX 506  
City-State-Zip: LAKE BUTLER FL 32054

Title MGR  
Name EMERY, CARISSA DRIGGERS  
Address PO BOX 506  
City-State-Zip: LAKE BUTLER FL 32054

Title MGR  
Name THOMAS, CAILEY  
Address PO BOX 506  
City-State-Zip: LAKE BUTLER FL 32054

Title MGR  
Name WRIGHT, CONSTANCE DRIGGERS  
Address PO BOX 506  
City-State-Zip: LAKE BUTLER FL 32054

*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:** CARITA SHADD WALL**MANAGER****04/20/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date