

2021 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 WALL

MGR

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date