WIMAUMA, FL 33598 US			
SANDRA L SHOOP	lered once of regis	lered agent, or both, in the state of th	03/22/2021
Electronic Signature of Registered Agent			Date
erson(s) Detail :			
MGRM	Title	MGRM	
SHOOP, SANDRA L	Name	SHOOP, BRIAN L	
P.O. BOX 204	Address	P.O. BOX 204	
BALM FL 33503-0204	City-State-Zip:	BALM FL 33503-0204	
MGRM			
SHOOP, JUSTIN M			
P.O. BOX 204			
	Antity submits this statement for the purpose of changing its regiss SANDRA L SHOOP Electronic Signature of Registered Agent erson(s) Detail : IGRM SHOOP, SANDRA L 2.0. BOX 204 SALM FL 33503-0204 IGRM SHOOP, JUSTIN M	Antity submits this statement for the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered and the purpose of changing its registered and the purpose of changing its registered and the purpose of the purpose o	Antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of FI SANDRA L SHOOP Electronic Signature of Registered Agent erson(s) Detail : MGRM Title MGRM SHOOP, SANDRA L Name SHOOP, BRIAN L P.O. BOX 204 Address P.O. BOX 204 ALM FL 33503-0204 City-State-Zip: BALM FL 33503-0204 MGRM SHOOP, JUSTIN M

# FEI Number: 46-1566534

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

SHOOP, SANDRA L 15633 CARLTON LAKE ROAD WIMA

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: BRIAN L SHOOP

City-State-Zip: BALM FL 33503-0204

MGRM

03/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000151291

Entity Name: SHOOP CATTLE COMPANY, LLC

## **Current Principal Place of Business:**

15633 CARLTON LAKE ROAD WIMAUMA, FL 33598

### **Current Mailing Address:**

15633 CARLTON LAKE ROAD WIMAUMA, FL 33598 US

Certificate of Status Desired: No

# FILED Mar 22, 2021 Secretary of State 2218783359CC

Date