

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000041459

**Entity Name:** LINDA WILLSON-SHAVERS, LLC

**Current Principal Place of Business:**

4174 SANDHILL CRANE TERRACE  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

4174 SANDHILL CRANE TERRACE  
MIDDLEBURG, FL 32068

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WILLSON-SHAVERS, LINDA H  
4174 SANDHILL CRANE TERRACE  
MIDDLEBURG, FL 32068 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            OWNER  
Name            WILLSON-SHAVERS, LINDA  
Address        4174 SANDHILL CRANE TERRACE  
City-State-Zip: MIDDLEBURG FL 32068

*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:** LINDA WILLSON-SHAVERS

**OWNER**

**04/29/2015**

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

\_\_\_\_\_  
Date