

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000056681

**Entity Name:** SHACKELFORD MANAGEMENT LLC

**Current Principal Place of Business:**

603 MARTIN LUTHER KING DR.  
CHIPLEY, FL 32428

**Current Mailing Address:**

P.O. BOX 486  
CHIPLEY, FL 32428 US

**FEI Number: 80-0900772**

**Certificate of Status Desired: No**

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

BELL, SAMUEL E  
603 MARTIN LUTHER KING DR.  
CHIPLEY, FL 32428 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: SAMUEL BELL**

**04/30/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	BELL, SAMUEL E	Name	BELL, MARTHA R
Address	603 MARTIN LUTHER KING DRIVE	Address	P.O. BOX 486
City-State-Zip:	CHIPLEY FL 32428	City-State-Zip:	CHIPLEY FL 32428

Title AUTHORIZED MEMBER  
Name BELL, NICHELLE  
Address P.O. BOX 486  
City-State-Zip: CHIPLEY FL 32428

*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: SAMUEL E. BELL**

**MANAGER**

**04/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date