

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000029901

**Entity Name:** 3899 SHUTTERFLY WAY, LLC

**Current Principal Place of Business:**

12161 KEN ADAMS WAY  
209  
WELLINGTON, FL 33414

**Current Mailing Address:**

12161 KEN ADAMS WAY  
209  
WELLINGTON, FL 33414 US

**FEI Number:** 47-3090844

**Certificate of Status Desired:** No

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

BARBUTO, ANTHONY ESQ.  
12161 KEN ADAMS WAY  
209  
WELLINGTON, FL 33414 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:** ANTHONY BARBUTO

04/11/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SCHAUFELD, HALEY  
Address        108 LOUDOUN ST., SW  
City-State-Zip: LEESBURG VA 20175

Title           MANAGER  
Name           SCHAUFELD, FREDRICK D. TR.  
Address        108 LOUDOUN ST., SW  
City-State-Zip: LEESBURG VA 20175

Title           MANAGER  
Name           VOSS, STEVEN J.  
Address        108 LOUDOUN ST., SW  
City-State-Zip: LEESBURG VA 20175

Title           AUTHORIZED REPRESENTATIVE  
Name           WITKOWSKI, RONALD  
Address        12161 KEN ADAMS WAY  
City-State-Zip: WELLINGTON FL 33414

*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:** HALEY SCHAUFELD

MANAGER

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date