

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000074335

**Entity Name:** SHAFER CHARITABLE INVESTMENTS, LLC

**Current Principal Place of Business:**

3401 DEVONSHIRE WAY  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

3401 DEVONSHIRE WAY  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 46-5596539

**Certificate of Status Desired:** No

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

SHAFER, ANNE T  
3401 DEVONSHIRE WAY  
PALM BEACH GARDENS, FL 33418 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           | MGR                        | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | SHAFER, ANNE T             | Name            | BROWN, AMY                |
| Address         | 3401 DEVONSHIRE WAY        | Address         | 255 E FIFTH ST STE 2400   |
| City-State-Zip: | PALM BEACH GARDEN FL 33418 | City-State-Zip: | CINCINNATI OH 45202       |

*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:** AMY BROWN

**AUTHORIZED  
REPRESENTATIVE**

**04/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date