

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000134384

**Entity Name:** SHILTS CPA, PLLC

**Current Principal Place of Business:**

416 OAK POND DR.  
ST. JOHNS, FL 32259

**Current Mailing Address:**

416 OAK POND DR.  
ST. JOHNS, FL 32259

**FEI Number:** 47-1697998

**Certificate of Status Desired:** No

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

SHILTS, JOSHUA J  
416 OAK POND DR.  
ST. JOHNS, FL 32259 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           MANAGING MEMBER  
Name           SHILTS, JOSH  
Address        416 OAK POND DR.  
City-State-Zip: ST. JOHNS FL 32259

*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:** JOSH SHILTS

**MANAGING MEMBER**

**01/12/2017**

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

\_\_\_\_\_  
Date