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.

AMBR

SIGNATURE: MICHAEL D SHAFFER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: MICHAEL DAVID SHAFFER, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

40 LANSING COURT ST AUGUSTINE, FL 32092-1869

DOCUMENT# L14000139501

Current Mailing Address:

40 LANSING COURT ST AUGUSTINE, FL 32092-1869 US

FEI Number: 47-1795570

Name and Address of Current Registered Agent:

SHAFFER, MICHAEL D 40 LANSING COURT ST AUGUSTINE, FL 32092-1869 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	SHAFFER, MICHAEL D	Name	SHAFFER, PATRICIA S
Address	40 LANSING COURT	Address	40 LANSING COURT
City-State-Zip:	ST AUGUSTINE FL 32092-1869	City-State-Zip:	ST AUGUSTINE FL 32092-1869

Certificate of Status Desired: Yes

FILED Jan 24, 2024 Secretary of State 8014576382CC

Date

01/24/2024

Date