

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000035841

**Entity Name:** SHANNON'S DELIVERY SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

301 NW 177 ST  
APT 120  
MIAMI, FL 33169

**Current Mailing Address:**

1036 FABLE LANE  
HAMPTON, GA 30228 US

**FEI Number:** 47-3218721

**Certificate of Status Desired:** No

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

SHANNON, SONDR A F  
301 NW 177 ST  
APT 120  
MIAMI, FL 33169 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:** SONDR A F SHANNON

01/31/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MGR
Name	SHANNON, YASHIMENE J	Name	SHANNON, SONDR A F
Address	1036 FABLE LANE	Address	1036 FABLE LANE
City-State-Zip:	HAMPTON GA 30228	City-State-Zip:	HAMPTON GA 30228

*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:** SONDR A SHANNON

MANAGER

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date