

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000110728

Entity Name: SHANNON'S HAULING, LLC**Current Principal Place of Business:**1305 MORIER STREET
JACKSONVILLE, FL 32207**Current Mailing Address:**1305 MORIER STREET
JACKSONVILLE, FL 32207 US**FEI Number:** 81-2935229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHANNON, MICHAEL J
1305 MORIER STREET
JACKSONVILLE, FL 32207 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 |
| Name | SHANNON, MICHAEL J |
| Address | 1305 MORIER STREET |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|-----------------|-----------------------|
| Title | COO |
| Name | DIAMOND, HOLLY |
| Address | 1305 MORIER STREET |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|-----------------|-----------------------|
| Title | CFO |
| Name | SHANNON, IRENE |
| Address | 1305 MORIER STREET |
| City-State-Zip: | JACKSONVILLE FL 32207 |

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: MICHAEL SHANNON

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date