Entity Name: SHADETREE PRODUCTIONS LLC		7934333272CC		
Current Pri	ncipal Place of Business:		7304000	21200
874 W. 9TH ST				
SAINT AUGUS	TINE, FL 32084			
Current Ma	ling Address:			
874 W. 9TH	ST.			
SAINT AUG	USTINE, FL 32084 US			
EEI Numbo	: 81-3352738		Cartificate of Status Deci	and No.
			Certificate of Status Desi	rea: NO
	Address of Current Registered Agent:			
Name and A				
LEGALINC CO	RPORATE SERVICES, INC.			
LEGALINC CO	RPORATE SERVICES, INC. LIN COMMONS			
LEGALINC CC 5237 SUMMEF SUITE 400				
LEGALINC CO 5237 SUMMEF SUITE 400 FORT MYERS	LIN COMMONS	registered office or regis	tered agent, or both, in the State of Flo	rida.
LEGALINC CO 5237 SUMMEF SUITE 400 FORT MYERS The above name	LIN COMMONS FL 33907 US	registered office or regis	tered agent, or both, in the State of Flo	<sup>rida.</sup> 05/01/2019
LEGALINC CO 5237 SUMMEF SUITE 400 FORT MYERS The above name	LIN COMMONS FL 33907 US d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	
LEGALINC CC 5237 SUMMER SUITE 400 FORT MYERS The above name SIGNATUR	ELIN COMMONS FL 33907 US d entity submits this statement for the purpose of changing its E: ERIK TREUTLEIN	registered office or regis	tered agent, or both, in the State of Flo	05/01/2019
LEGALINC CC 5237 SUMMER SUITE 400 FORT MYERS The above name SIGNATUR	FL 33907 US   d entity submits this statement for the purpose of changing its   E: ERIK TREUTLEIN   Electronic Signature of Registered Agent	registered office or regis	tered agent, or both, in the State of Flo	05/01/2019
LEGALINC CO 5237 SUMMEF SUITE 400 FORT MYERS The above name SIGNATUR	ELIN COMMONS FL 33907 US d entity submits this statement for the purpose of changing its E: ERIK TREUTLEIN Electronic Signature of Registered Agent Person(s) Detail :			05/01/2019
LEGALINC CC 5237 SUMMER SUITE 400 FORT MYERS The above name SIGNATURI Authorized Title	FL 33907 US   d entity submits this statement for the purpose of changing its   E: ERIK TREUTLEIN   Electronic Signature of Registered Agent   Person(s) Detail :   AMBR	Title	AMBR	05/01/2019

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: MARCUS OXENDINE

MEMBER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000133043

Entity Name: SHADETREE PRODUCTIONS LLC

FILED May 01, 2019 Secretary of State

Date