

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000143865

Entity Name: SHANDON ENTERPRISES, LLC**Current Principal Place of Business:**66 TIFTON WAY, NORTH
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**P. O. BOX 58
PONTE VEDRA BEACH, FL 32004**FEI Number: 81-3507385****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERRY, C. ROSS
66 TIFTON WAY, NORTH
PONTE VEDRA BEACH, FL 32082 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	BERRY, C. ROSS
Address	P. O. BOX 58
City-State-Zip:	PONTE VEDRA BEACH FL 32004

Title	MGR
Name	BERRY, JULIE M
Address	P. O. BOX 58
City-State-Zip:	PONTE VEDRA BEACH FL 32004

Title	PRES
Name	BERRY, C. ROSS
Address	P. O. BOX 58
City-State-Zip:	PONTE VEDRA BEACH FL 32004

Title	SEC
Name	BERRY, JULIE M
Address	P. O. BOX 58
City-State-Zip:	PONTE VEDRA BEACH FL 32004

Title	TREA
Name	BERRY, JULIE M
Address	P. O. BOX 58
City-State-Zip:	PONTE VEDRA BEACH FL 32004

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: JULIE BERRY**MANAGER****02/27/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date