

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000087169

**Entity Name:** SHAWMERE SERVICES, LLC

**Current Principal Place of Business:**

3195 OAK HILL ROAD  
MOUNT DORA, FL 32757

**Current Mailing Address:**

3195 OAK HILL ROAD  
MOUNT DORA, FL 32757 US

**FEI Number:** 82-1279198

**Certificate of Status Desired:** No

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

MITRE ACCOUNTING & TAX SERVICES, LLC.  
1635 E HIGHWAY 50, STE 206  
CLERMONT, FL 34711 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	Title	MGR
Name	LECLAIR, SHAWN D	Name	LECLAIR, MEREDITH A
Address	3195 OAK HILL ROAD	Address	3195 OAK HILL ROAD
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	MOUNT DORA FL 32757

*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:** SHAWN LECLAIR

**OWNER**

**04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date