

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000087169

**Entity Name:** SHAWMERE SERVICES, LLC

**Current Principal Place of Business:**

4602 COUNTY ROAD 673  
14008  
BUSHNELL, FL 33513

**Current Mailing Address:**

4602 COUNTY ROAD 673  
14008  
BUSHNELL, FL 33513 US

**FEI Number:** 82-1279198

**Certificate of Status Desired:** No

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

MITRE ACCOUNTING & TAX SERVICES, LLC.  
15701 SR 50  
202  
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	4602 COUNTY RD 673, UNIT 14008	Address	4602 COUNTY RD 673, UNIT 14008
City-State-Zip:	BUSHNELL FL 33513	City-State-Zip:	BUSHNELL FL 33513

*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

**MGR**

**04/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date