

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