

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000066913

**Entity Name:** SHAFFER TRAVEL ENTERPRISES L.L.C.

**Current Principal Place of Business:**

54 MEDALIST CT  
ROTONDA WEST, FL 33947

**Current Mailing Address:**

54 MEDALIST CT  
ROTONDA WEST, FL 33947 US

**FEI Number:** 27-2814192

**Certificate of Status Desired:** No

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

SHAFFER, ROBERT L  
54 MEDALIST CT  
ROTONDA WEST, FL 33947 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 P  
Name SHAFFER, ROBERT L  
Address 54 MEDALIST CT  
City-State-Zip: ROTONDA WEST FL 33947

*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:** ROBERT L SHAFFER

**OWNER**

**01/08/2020**

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

\_\_\_\_\_ Date