

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000194188

**Entity Name:** SHEMD LLC

**Current Principal Place of Business:**

4111 CORDGRASS INLET DR  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4111 CORDGRASS INLET DR  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 83-3475621

**Certificate of Status Desired:** No

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

PARSONS, MELISSA E  
4111 CORDGRASS INLET DR  
JACKSONVILLE BEACH, FL 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 AMBR  
Name PARSONS, MELISSA E  
Address 4111 CORDGRASS INLET DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AMBR  
Name MANNIX, ALEXANDRA L  
Address 1210 N MARKET ST  
City-State-Zip: JACKSONVILLE FL 32206

Title AUTHORIZED REPRESENTATIVE  
Name TUCKER, JAMES  
Address 4111 CORDGRASS INLET DR  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** MELISSA PARSONS

AMBR

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date