

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000157902

**Entity Name:** SHADETREE PARTNERS LLC

**Current Principal Place of Business:**

343 NORTH FERN CREEK AVENUE  
ORLANDO, FL 32803

**Current Mailing Address:**

PO BOX 784779  
WINTER GARDENS, FL 34778 US

**FEI Number: 84-2093705**

**Certificate of Status Desired: No**

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

FORD, TRINA  
15155 W COLONIAL DR  
# 784779  
WINTER GARDEN, FL 34787 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           MANAGING PARTNER  
Name           FORD, TRINA  
Address        15155 W COLONIAL DR  
                  # 784779  
City-State-Zip: WINTER GARDEN FL 34787

*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: TRINA FORD**

**MANAGING PARTNER**

**04/19/2024**

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

\_\_\_\_\_  
Date