

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000316685

**Entity Name:** SHELTER OF HOPE LLC**Current Principal Place of Business:**109 WILLIAMS ST.  
PERRY, FL 32348**Current Mailing Address:**PO BOX 1481  
PERRY, FL 32348**FEI Number:** 85-3222841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRY JARVIS FINANCIAL SERVICES LLC  
938 COCHRAN DR.  
TALLAHASSEE, FL 32301 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	AMBR
Name	HARRIS, GLORIA	Name	EDWARDS, STACEY
Address	PO BOX 1481	Address	PO BOX 1481
City-State-Zip:	PERRY FL 32348	City-State-Zip:	PERRY FL 32348
Title	MANAGER	Title	MANAGER
Name	PHILLIPS, GLORIA	Name	YOUNG, ANDREA
Address	PO BOX 1481	Address	109 WILLIAMS ST.
City-State-Zip:	PERRY FL 32348	City-State-Zip:	PERRY FL 32348
Title	AUTHORIZED REPRESENTATIVE		
Name	HENRY JARVIS FINANCIAL		
Address	109 WILLIAMS ST.		
City-State-Zip:	PERRY FL 32348		

*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:** HENRY JARVIS FINANCIAL**REPRESENTATIVE AGENT** 03/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date