

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000380478

**Entity Name:** THE SHAMANIC PRACTITIONER LLC

**Current Principal Place of Business:**

4616 W BAY COURT AVE  
TAMPA, FL 33611

**Current Mailing Address:**

4616 W BAY COURT AVE  
TAMPA, FL 33611

**FEI Number:** 83-2212942

**Certificate of Status Desired:** No

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

HARTE & COMPANY ACCOUNTING AND TAX SERVICE  
9424 BALM RIVERVIEW RD  
RIVERVIEW, FL 33569 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 OTHER  
Name THE SHAMANIC PRACTITIONER LLC  
Address 4616 W BAY COURT AVE  
City-State-Zip: TAMPA FL 33611

*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:** SHERI A TABER

AMBR

02/02/2021

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

\_\_\_\_\_  
Date