

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000074103

**Entity Name:** SHAFFCO GROUP LLC

**Current Principal Place of Business:**

834 TIMBER CT  
APOPKA, FL 32712

**Current Mailing Address:**

834 TIMBER CT  
APOPKA, FL 32712

**FEI Number:** 86-2047206

**Certificate of Status Desired:** No

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

SHAFFREN, GLENN  
834 TIMBER CT  
APOPKA, FL 32712 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  
Name SHAFFREN, GLENN  
Address 834 TIMBER COURT  
City-State-Zip: APOPKA FL 32712

Title MBR  
Name DIANE, SHAFFREN  
Address 834 TIMBER CT, GLENN SHAFFREN  
City-State-Zip: APOPKA FL 32712

*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:** GLENN SHAFFREN

MANAGING MEMEBER

01/22/2023

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

\_\_\_\_\_ Date