

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000093647

**Entity Name:** SHIELDS FABRICATION & DESIGN LLC

**Current Principal Place of Business:**

6766 210TH PL.  
O BRIEN, FL 32071

**Current Mailing Address:**

6766 210TH PL.  
O BRIEN, FL 32071 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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	Title	AMBR
Name	SHIELDS, DANIEL	Name	SHIELDS, CHRISTINA
Address	6766 210TH PL.	Address	6766 210TH PL.
City-State-Zip:	O BRIEN FL 32071	City-State-Zip:	O BRIEN FL 32071

*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:** DANIEL SHIELDS

AMBR

01/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date