

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000060220

**Entity Name:** S SHELTON SERVICES LLC

**Current Principal Place of Business:**

30448 PGA DRIVE  
SORRENTO, FL 32776

**Current Mailing Address:**

PO BOX 1000  
EUSTIS, FL 32727 US

**FEI Number:** 87-4815478

**Certificate of Status Desired:** No

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

TRAPANE TAX SERVICE CORP  
215 RANDON TERRACE  
LAKE MARY, FL 32746 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  
Name            SHELTON, SAWYER  
Address        PO BOX 1000  
City-State-Zip: EUSTIS FL 32727

*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:** SAWYER SHELTON

AMBR

01/27/2023

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

\_\_\_\_\_ Date