

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500006761

Entity Name: SHM HARBORTOWN, LLC

Current Principal Place of Business:

14785 PRESTON ROAD
SUITE 975
DALLAS, TX 75254

FILED
Apr 15, 2023
Secretary of State
4906089072CC

Current Mailing Address:

14785 PRESTON ROAD
SUITE 975
DALLAS, TX 75254

FEI Number: 47-4814939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	MEMBER	Title	AUTHORIZED PERSON
Name	SAFE HARBOR MARINAS, LLC	Name	RAY, JOHN
Address	14785 PRESTON ROAD SUITE 975	Address	14785 PRESTON ROAD SUITE 975
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254
Title	COO	Title	CDO
Name	BURCHETT, KATHERYN	Name	CLARK, PETER
Address	14785 PRESTON ROAD SUITE 975	Address	14785 PRESTON ROAD SUITE 975
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254
Title	CFO	Title	AUTHORIZED PERSON
Name	MCCLINTOCK, GAVIN	Name	THOMPSON, MEAGAN
Address	14785 PRESTON ROAD SUITE 975	Address	14785 PRESTON ROAD SUITE 975
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254
Title	AUTHORIZED PERSON		
Name	CAPILLI, JOE		
Address	14785 PRESTON ROAD SUITE 975		
City-State-Zip:	DALLAS TX 75254		

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: JOHN RAY

AUTHORIZED PERSON

04/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date