

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1800000848

**Entity Name:** SHM NORTH PALM BEACH, LLC

**Current Principal Place of Business:**

14785 PRESTON ROAD, STE 975  
DALLAS, TX 75254

**Current Mailing Address:**

14785 PRESTON ROAD, STE 975  
DALLAS, TX 75254 US

**FEI Number:** 82-4151229

**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  
Name SAFE HARBOR MARINAS, LLC  
Address 14785 PRESTON ROAD, STE 975  
City-State-Zip: DALLAS TX 75254

Title COO  
Name BURCHETT, KATHERYN  
Address 14785 PRESTON ROAD, STE 975  
City-State-Zip: DALLAS TX 75254

Title CDO  
Name CLARK, PETER  
Address 14785 PRESTON ROAD, STE 975  
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED PERSON  
Name RAY, JOHN  
Address 14785 PRESTON ROAD, STE 975  
City-State-Zip: DALLAS TX 75254

Title CFO  
Name MCCLINTOCK, GAVIN  
Address 14785 PRESTON ROAD, STE 975  
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED PERSON  
Name THOMPSON, MEAGAN  
Address 14785 PRESTON ROAD, STE 975  
City-State-Zip: DALLAS TX 75254

Title AUTHORIZED PERSON  
Name CAPILLI, JOE  
Address 14785 PRESTON ROAD, STE 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**

**04/16/2023**

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

\_\_\_\_\_  
Date