

**2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M21000015264

**Entity Name:** SH7 LLC

**Current Principal Place of Business:**

909 N 8TH STREET  
SUITE 110  
SHEBOYGAN, WI 53081

**Current Mailing Address:**

909 N 8TH STREET  
SUITE 110  
SHEBOYGAN, WI 53081 US

**FEI Number:** 86-2716138

**Certificate of Status Desired:** No

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

SCHAFFER, THOMAS  
4520 W WOODMERE RD  
TAMPA FL 33609 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:** THOMAS SCHAFFER

01/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR	Title	MBR
Name	SCHAFFER, THOMAS	Name	GOTTSACKER, PAUL
Address	4520 W WOODMERE RD	Address	909 N 8 ST STE 110
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	SHEBOYGAN WI 53081

*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:** THOMAS SCHAFFER

MEMBER

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date