

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000024843

**FILED**  
**Oct 23, 2013**  
**Secretary of State**

**Entity Name:** SHANNON KINGERY, LLC

**Current Principal Place of Business:**

6710 DANCY CT.  
ORLANDO, FL 32819

**New Principal Place of Business:**

4201 GULL COVE  
NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address:**

P.O. BOX 1343  
WINDERMERE, FL 34786

**New Mailing Address:**

P O BOX 2041  
NEW SMYRNA BEACH, FL 32170 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (x)**

**Certificate of Status Desired ( )**

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

KINGERY, SHANNON R  
6710 DANCY CT  
ORLANDO, FL 32819 US

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

C M LYBRAND & CO LLC  
728 CANAL ST  
NEW SMYRNA BEACH, FL 32168 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: C M LYBRAND

10/23/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KINGERY, SHANNON R  
Address: 4201 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: KINGERY, CHRISTINE A  
Address: 4201 GULL COVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SHANNON KINGERY

MGRM

10/23/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date