

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L97000000048

Entity Name: SHAFFER SHERYLE, L.C.

**FILED**  
**Oct 10, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

4300 NORTH MERIDIAN ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15697  
TALLAHASSEE, FL 32317

**New Mailing Address:**

4300 NORTH MERIDIAN ROAD  
TALLAHASSEE, FL 32312

FEI Number: 59-3439867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PHIPPS, GAVIN  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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: GAVIN PHIPPS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHIPPS, LISA S  
Address: 4300 NORTH MERIDIAN ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: PHIPPS, GAVIN B  
Address: 4300 NORTH MERIDIAN ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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: GAVIN PHIPPS

MGR

10/10/2013

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