

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000351

Entity Name: DEVON SHIELD SHOPPING CENTER LTD. CO.

Current Principal Place of Business:

348 SUMMERVILLE LANE
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 470877
LAKE MONROE, FL 32747

FEI Number: 04-3734913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRACEY, OWEN
348 SUMMERVILLE LANE
SANFORD, FL 32771 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 MGRM
Name TRACEY, OWEN
Address 348 SUMMERVILLE LANE
City-State-Zip: SANFORD FL 32771

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: TRACEY, OWEN

MGRM

02/04/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date