

**2020 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 1441  
LAKE MONROE, FL 32747 US

**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**

**03/26/2020**

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

\_\_\_\_\_  
Date