

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049011

Entity Name: SHEPERD826 LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2898 MAHAN DR
5
TALLAHASSEE, FL 32312

Current Mailing Address:

MAHAN OAKS CENTER
MAHAN DRIVE STE. 5
TALLAHASSEE, FL 32308

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCALPINE, PATTY
1000 HAYS STREET
TALLAHASSEE, FL 32301 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 MCALPINE, PATTY
Address 1000 HAYS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title MGRM
Name MCALPINE, KEVIN
Address 1000 HAYS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title MGRM
Name GUTHRIE, KAY C
Address 6385 FITZ LANE
City-State-Zip: TALLAHASSEE FL 32311

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: PATTY MCALPINE

MGR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date