

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049011

**FILED  
Jan 11, 2014  
Secretary of State  
CC8698512744**

**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**

**01/11/2014**

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

\_\_\_\_\_  
Date