

**2023 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:**

SCHILLING, HOLLY  
3021 SHAMROCK ST S  
TALLAHASSEE, FL 32309 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:** HOLLY SCHILLING

03/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SCHILLING, HOLLY  
Address 3021 SHAMROCK STREET S  
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM  
Name JENKINS, DEBORAH  
Address MAHAN OAKS CENTER  
MAHAN DRIVE STE. 5  
City-State-Zip: TALLAHASSEE FL 32308

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:** HOLLY SCHILLING

MANAGER

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date