2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2019
Secretary of State
2207023334CC

DOCUMENT# L03000054179

Entity Name: SHREVE ENTERTAINMENT LLC

Current Principal Place of Business:

552 JASMINE BLOOM DR
APOPKA, FL 32712

Current Mailing Address:

552 JASMINE BLOOM DR
APOPKA, FL 32712 US

FEI Number: 20-0508465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHREVE, WILLIAM
552 JASMINE BLOOM DR
APOPKA, FL 32712 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	SHREVE, WILLIAM
Address	552 JASMINE BLOOM DR
City-State-Zip:	APOPKA FL 32712

Title	MGR
Name	SHREVE, SANDRA
Address	552 JASMINE BLOOM DR
City-State-Zip:	APOPKA FL 32712

Title	MGR
Name	MEDFORD, LUCIA
Address	4844 SUDBURY DRIVE
City-State-Zip:	ORLANDO FL 32825

Title	MGR
Name	KOPF, NANCY
Address	1167 GOLF POINT LOOP
City-State-Zip:	APOPKA FL 32712

Title	MGR
Name	NEWKIRK, JIM
Address	78 BORDER ROAD
City-State-Zip:	CONCORD MA 07142

Title	MGR
Name	NEWKIRK, BARBARA
Address	78 BORDER ROAD
City-State-Zip:	CONCORD MA 07142

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: WILLIAM I SHREVE MGRM 03/06/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date