

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date