

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062213

Entity Name: CELESTE N. SHULER, PH.D., LLC

Current Principal Place of Business:

11169 NW SR 20
BRISTOL, FL 32321

Current Mailing Address:

PO BOX 1276
BRISTOL, FL 32321

FEI Number: 26-1384059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHULER, CELESTE N
11169 NW SR 20
BRISTOL, FL 32321 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 SHULER, CELESTE N
Address PO BOX 1276
City-State-Zip: BRISTOL FL 32321

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: CELESTE N SHULER

MGRM

04/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date