

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067589

**Entity Name:** SHRINKWRAP OF SWFL, L.L.C.

**Current Principal Place of Business:**

919 NW 12TH TER  
CAPE CORAL, FL 33993

**Current Mailing Address:**

919 NW 12TH TER  
CAPE CORAL, FL 33993 US

**FEI Number:** 83-4248406

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CAMPBELL, SHAWN WILLIAM  
919 NW 12TH TER  
CAPE CORAL, FL 33993 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:** SHAWN CAMPBELL

02/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title ORGANIZER  
Name CAMPBELL, SHAWN WILLIAM  
Address 919 NW 12TH TER  
City-State-Zip: CAPE CORAL FL 33993

*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:** SHAWN CAMPBELL

OWNER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date