

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000096766

**Entity Name:** SHAWN LYNCH LLC

**Current Principal Place of Business:**

3960 NAVY BLVD #49  
PENSACOLA, FL 32507

**Current Mailing Address:**

PO BOX 9574  
PENSACOLA, FL 32505

**FEI Number:** 45-3066034

**Certificate of Status Desired:** No

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

LYNCH, SHAWN MSR  
3960 NAVY BLVD #49  
PENSACOLA, FL 32507 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 MR  
Name SHAWN M LYNCH LLC  
Address PO BOX 9574  
City-State-Zip: PENSACOLA FL 32505

*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 LYNCH

MR

03/06/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date