2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 24, 2021
Secretary of State
0578690396CC

DOCUMENT# L11000111601

Entity Name: SHREEVEN, LLC

Current Principal Place of Business:

1609 SW 17TH STREET
OCALA, FL 34471

Current Mailing Address:

1609 SW 17TH STREET
OCALA, FL 34471 US

FEI Number: 45-3461814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOTTEL, DAWN
1609 SW 17TH ST
OCALA, FL 34471 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	AUTHORIZED MEMBER
Name	ASSOCIATES FOR CARDIOVASCULAR EXCELLENCE LLC
Address	1609 SW 17TH STREET
City-State-Zip:	OCALA FL 34471

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: ALLEN DEAN — AUTHORIZED REPRESENTATIVE — 09/24/2021

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