

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000064847

**Entity Name:** CEDAR SHACK, LLC

**Current Principal Place of Business:**

5464 CEDAR MILL PATH  
HOMOSASSA, FL 34448

**Current Mailing Address:**

5008 N. LAUBER WAY  
TAMPA, FL 33614

**FEI Number:** 46-5453119

**Certificate of Status Desired:** No

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

MCCANDLESS, DAVID  
5008 N. LAUBER WAY  
TAMPA, FL 33614 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           | MGR                | Title           | AMBR              |
| Name            | MCCANDLESS, DAVID  | Name            | HICKS, S ALLISON  |
| Address         | 5008 N. LAUBER WAY | Address         | 5008 N LAUBER WAY |
| City-State-Zip: | TAMPA FL 33614     | City-State-Zip: | TAMPA FL 33614    |

*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:** DAVID MCCANDLESS

MGR

03/31/2019

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

\_\_\_\_\_ Date