

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000170973

**Entity Name:** THOMAS LYLE SHANKLE, SR. LLC

**Current Principal Place of Business:**

1505 WATERBRIDGE COURT  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1505 WATERBRIDGE COURT  
FLEMING ISLAND, FL 32003

**FEI Number:** 47-2259509

**Certificate of Status Desired:** No

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

SHANKLE, THOMAS L  
1505 WATERBRIDGE COURT  
FLEMING ISLAND, FL 32003 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  
Name SHANKLE, THOMAS L  
Address 1505 WATERBRIDGE COURT  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** THOMAS SHANKLE SR

**OWNER**

**03/28/2016**

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

\_\_\_\_\_  
Date