

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000054207

**Entity Name:** SHEAR FAMILY OFFICE, LLC

**Current Principal Place of Business:**

2660 S OCEAN BOULEVARD  
APT. 503W  
PALM BEACH, FL 33480

**FILED**  
**Feb 16, 2024**  
**Secretary of State**  
**9306178926CC**

**Current Mailing Address:**

103 GAMMA DRIVE  
SUITE 120  
PITTSBURGH, PA 15238 US

**FEI Number:** 47-3681983

**Certificate of Status Desired:** No

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

SPI AGENT SOLUTIONS, INC.  
1540 GLENWAY DR.  
TALLAHASSEE, FL 32301 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 AMBR  
Name OF HERBERT SHEAR, 2016 REVOCABLE TRUST  
Address 2660 S OCEAN BOULEVARD APT. 503W  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name SHEAR, HERBERT S  
Address 2660 S OCEAN BOULEVARD APT. 503W  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name SHEAR, GERALD A  
Address 2660 S OCEAN BOULEVARD APT. 503W  
City-State-Zip: PALM BEACH FL 33480

Title MGR  
Name SHEAR, JOHN A  
Address 2660 S OCEAN BOULEVARD APT. 503W  
City-State-Zip: PALM BEACH FL 33480

*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:** HERBERT SHEAR

**MANAGER**

**02/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date