

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000118442

Entity Name: SHAW MEDICAL GROUP LLC**Current Principal Place of Business:**935 BAREFOOT BLVD
SUITE 3
BAREFOOT BAY, FL 32976-7620**Current Mailing Address:**935 BAREFOOT BLVD
SUITE 3
BAREFOOT BAY, FL 32976-7620 US**FEI Number:** 81-3035276**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAW, PATRICK N
935 BAREFOOT BLVD
SUITE 3
BAREFOOT BAY, FL 32976-7620 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	SHAW, PATRICK N
Address	935 BAREFOOT BLVD SUITE 3
City-State-Zip:	BAREFOOT BAY FL 32976-7620

Title	MGR
Name	SHAW, CARMENCITA E
Address	935 BAREFOOT BLVD SUITE 3
City-State-Zip:	BAREFOOT BAY FL 32976-7620

Title	MGR
Name	SHAW, CRISTINA E
Address	935 BAREFOOT BLVD SUITE 3
City-State-Zip:	BAREFOOT BAY FL 32976-7620

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: PATRICK SHAW**PRESIDENT****02/17/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date