

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000102842

**Entity Name:** RYAN SHELTON, APRN, FNP-BC, LLC

**Current Principal Place of Business:**

585 ARD DR  
585  
PENSACOLA, FL 32526

**Current Mailing Address:**

585 ARD DR  
585  
PENSACOLA, FL 32526 UN

**FEI Number:** 27-4906846

**Certificate of Status Desired:** No

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

SHELTON, RYAN  
585 ARD DR  
585  
PENSACOLA, FL 32526 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 AP  
Name SHELTON, RYAN  
Address 585 ARD DR, 585  
City-State-Zip: PENSACOLA FL 32526

*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:** RYAN SHELTON

**06/30/2020**

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

\_\_\_\_\_  
Date