

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000215043

**Entity Name:** SHELLEY GRAVES, LLC

**Current Principal Place of Business:**

21870 SE 67TH PLACE  
MORRISTON, FL 32668

**Current Mailing Address:**

P O BOX 552  
WILLISTON, FL 32696

**FEI Number:** 84-2813914

**Certificate of Status Desired:** Yes

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

GRAVES, SHELLEY  
21870 SE 67TH PLACE  
WILLISTON, FL 32668 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 GRAVES, SHELLEY  
Address 21870 SE 67TH PLACE  
City-State-Zip: WILLISTON FL 32668

*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:** SHELLEY GRAVES

**MEMBER**

**01/21/2025**

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

\_\_\_\_\_  
Date