## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000265195

Entity Name: SHELBURN RETREAT LLC

**Current Principal Place of Business:** 

1928 COUNTRY CLUB BLVD CAPE CORAL. FL 33990

**Current Mailing Address:** 

22276 185TH ST.

COUNCIL BLUFFS. IA 51503 US

FEI Number: 88-2721380 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBERT MATTHEWS PLLC 12651 MCGREGOR BLVD BLDG 3-302 FORT MYERS, FL 33919 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: ALBERT L. ALGUADICH, JR., ESQ. 04/26/2024

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title AMBR Title AMBR

NameSHELTON, MACKENZIE LNameSHELTON, JACK DAddress22276 185TH ST.Address22276 185TH ST.

City-State-Zip: COUNCIL BLUFFS IA 51503 City-State-Zip: COUNCIL BLUFFS IA 51503

Title AMBR Title AMBR

Name RABURN, MARNA K Name RABURN, TIMOTHY C
Address 721 W 53RD ST S Address 721 W 53RD ST S

City-State-Zip: SAND SPRINGS OK 74063 City-State-Zip: SAND SPRINGS OK 74063

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: ALBERT ALGUADICH JR ESQ OBO MACKENZIE L SHELTON

**REGISTERED AGENT** 

04/26/2024

FILED Apr 26, 2024

**Secretary of State** 

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