

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000004851

**Entity Name:** SHACRES LLC

**Current Principal Place of Business:**

7320 E FLETCHER AVE  
TAMPA, FL 33637

**Current Mailing Address:**

7320 E FLETCHER AVE  
TAMPA, FL 33637 US

**FEI Number:** 92-1618260

**Certificate of Status Desired:** No

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

REPUBLIC REGISTERED AGENT LLC  
1150 NW 72ND AVE TOWER I  
STE 455  
MIAMI, FL 33126 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 PITTMAN, DONTAVIOUS  
Address 7320 E FLETCHER AVE  
City-State-Zip: TAMPA FL 33637

Title AMBR  
Name MCNEAL III, PONCE  
Address 4829 ASHLAND DR  
City-State-Zip: TAMPA FL 33610

Title AMBR  
Name JOHNSON II, KEVIN  
Address 8700 ROOKS PARK CIRC  
City-State-Zip: TAMPA FL 33619

*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:** DONTAVIOUS PITTMAN

**MGR**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date