

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000134873

**Entity Name:** SHELLY & ASSOCIATES LLC

**Current Principal Place of Business:**

893 STIFF LANE  
DELTAVILLE, VA 23043

**Current Mailing Address:**

893 STIFF LANE  
DELTAVILLE, VA 23043 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MGR
Name	SHELLY, THADDEUS R III	Name	SHELLY, THADDEUS R III
Address	893 STIFF LANE	Address	893 STIFF LANE
City-State-Zip:	DELTAVILLE VA 23043	City-State-Zip:	DELTAVILLE VA 23043

*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:** SHELLY , THADDEUS R , III

AMBR

01/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date