

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709



**Certificate of Formation  
Limited Liability Company**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 801414164 04/19/2011  
Document #: 364650590002  
Image Generated Electronically  
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Filing Fee: \$300

**Article 1 - Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

**Shackelford & Associates, LLC**

**Article 2 – Registered Agent and Registered Office**

A. The initial registered agent is an organization (cannot be company named above) by the name of:

**OR**

B. The initial registered agent is an individual resident of the state whose name is set forth below:

**Name:**

**Ray L Shackelford**

C. The business address of the registered agent and the registered office address is:

**Street Address:**

**3241 Ozark Houston TX 77021**

**Consent of Registered Agent**

A. A copy of the consent of registered agent is attached.

**OR**

B. The consent of the registered agent is maintained by the entity.

**Article 3 - Governing Authority**

A. The limited liability company is to be managed by managers.

**OR**

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Ray L Shackelford**

Title: **Manager**

Address: **1406 Southmore Blvd Houston TX, USA 77004**

**Article 4 - Purpose**

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

**Supplemental Provisions / Information**

[The attached addendum, if any, is incorporated herein by reference.]

**Organizer**

The name and address of the organizer are set forth below.

**Ray L Shackelford**      **1406 Southmore Blvd Houston, TX 77004**

**Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

**OR**

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **April 20, 2011**

**Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

**Ray L Shackelford**

Signature of Organizer

**FILING OFFICE COPY**



05-102  
(Rev. 1-08/28)  
Code 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))  
This report **MUST** be filed to satisfy franchise tax requirements

Franchise Number: 801414164

Taxpayer number       Report year  
 3 | 2 | 0 | 4 | 4 | 0 | 8 | 4 | 0 | 2 | 1 | | | | |

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

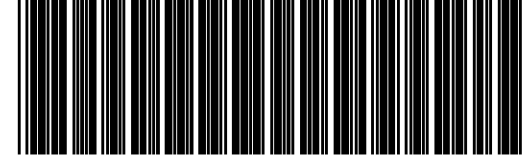
Taxpayer name  
**SHACKELFORD & ASSOCIATES, LLC**  
 Mailing address  
**3241 OZARK ST**  
 City  
**HOUSTON**

State  
**TX**      ZIP Code  
**77021**      Plus 4  
**1132**

Secretary of State file number or  
 Comptroller file number  
**0801414164**

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office  
 Principal place of business



3204408402108

**Please sign below!**

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title	Director	m	m	d	d	y	y
<b>RAY L SHACKELFORD</b>	<b>DIRECTOR</b>	<input type="radio"/> YES						
Mailing address	City	Term expiration						
<b>1406 SOUTHMORE BLVD</b>	<b>HOUSTON</b>	State	<b>TX</b>	ZIP code	<b>77004</b>			
Name	Title	Director	m	m	d	d	y	y
		<input type="radio"/> YES						
Mailing address	City	Term expiration						
		State						
Name	Title	Director	m	m	d	d	y	y
		<input type="radio"/> YES						
Mailing address	City	Term expiration						
		State						
Name	Title	Director	m	m	d	d	y	y
		<input type="radio"/> YES						
Mailing address	City	Term expiration						
		State						

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

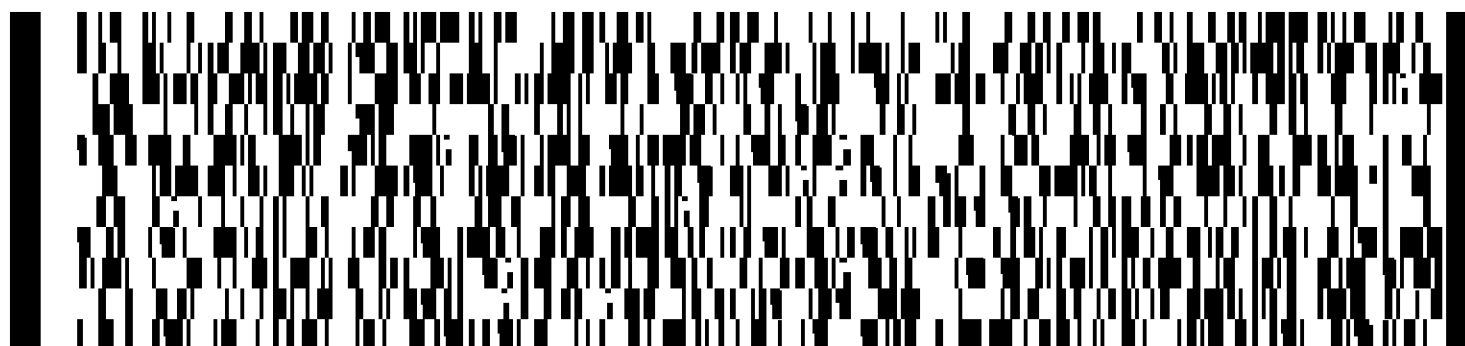
**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Registered agent and registered office currently on file. (See instructions if you need to make changes)		<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
<b>Agent: RAY L SHACKELFORD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77021</b>
<b>Office: 3241 OZARK</b>			

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

**sign here**      Title  
**DIRECTOR**      Date  
**08/06/2012**      Area code and phone number  
**( 713 ) 654 - 4115**



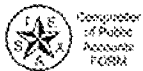
VE/DE        PIR IND   



**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements



05-102  
(Rev.9-11/30)

Code 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 4 0 8 4 0 2 1

2 0 1 3

Taxpayer name <b>SHACKELFORD &amp; ASSOCIATES, LLC</b>				Secretary of State (SOS) file number or Comptroller file number <b>0801414164</b>	
Mailing address <b>3241 OZARK ST</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77021</b>	Plus 4	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



**SECTION A** Name, title and mailing address of each officer, director or manager.

3204408402113

Name <b>RAY L SHACKELFORD</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>1406 SOUTHMORE BLVD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77004</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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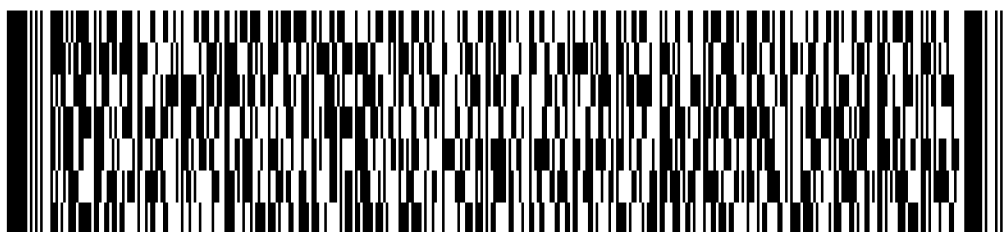
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>RAY L SHACKELFORD</b>				<input type="radio"/>			
Office: <b>3241 OZARK</b>		City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77021</b>			

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Signature <b>Natasha Martinez</b>	Title <b>Electronic</b>	Date <b>05-15-2013</b>	Area code and phone number <b>( 713 ) 654 - 4115</b>
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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**Texas Franchise Tax Public Information Report**



05-102  
 (Rev. 9-11/30)  
 Code 13196 Franchise

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

Taxpayer number       Report year      *You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.*

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Taxpayer name <b>SHACKELFORD &amp; ASSOCIATES, LLC</b>				Secretary of State (SOS) file number or Comptroller file number <b>0801414164</b>	
Mailing address <b>1406 SOUTHMORE BLVD</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77004</b>	Plus 4	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



**SECTION A** Name, title and mailing address of each officer, director or manager.

3204408402114

Name <b>RAY L SHACKELFORD</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>1406 SOUTHMORE BLVD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77004</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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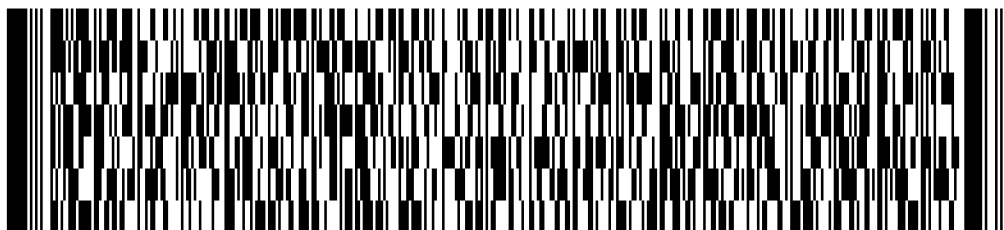
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input checked="" type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: <b>RAY L SHACKELFORD</b>					
Office: <b>3241 OZARK</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77021</b>		

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Signature <b>Natasha Martinez</b>	Title <b>Electronic</b>	Date <b>05-14-2014</b>	Area code and phone number <b>( 713 ) 654 - 4115</b>
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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### Texas Franchise Tax Public Information Report



05-102  
(Rev.9-11/30)

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Code 13196 Franchise

■ Taxpayer number

■ Report year

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2 0 1 5

Taxpayer name <b>SHACKELFORD &amp; ASSOCIATES, LLC</b>				Secretary of State (SOS) file number or Comptroller file number <b>0801414164</b>			
Mailing address <b>1406 SOUTHMORE BLVD</b>							
City <b>HOUSTON</b>		State <b>TX</b>		ZIP Code <b>77004</b>		Plus 4	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

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Principal place of business

*Please sign below!*

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**SECTION A** Name, title and mailing address of each officer, director or manager.

3204408402115

Name <b>RAY L SHACKELFORD</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>1406 SOUTHMORE BLVD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77004</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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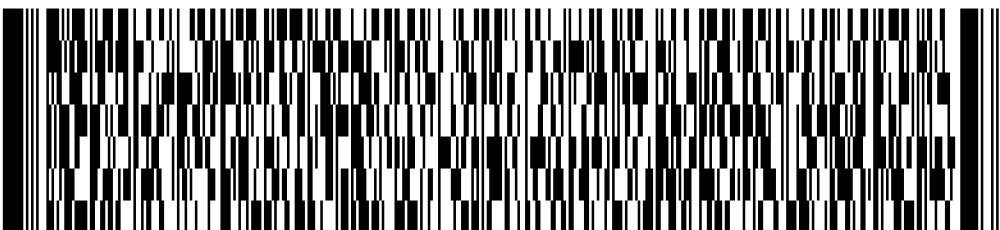
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>RAY L SHACKELFORD</b>							
Office: <b>3241 OZARK</b>		City: <b>HOUSTON</b>		State: <b>TX</b>		ZIP Code: <b>77021</b>	

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here <b>Natasha Martinez</b>	Title <b>Electronic</b>	Date <b>11-15-2015</b>	Area code and phone number <b>( 713 ) 654 - 4115</b>
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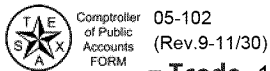
**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report



To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number

Report year

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2 0 1 8

Taxpayer name <b>SHACKELFORD &amp; ASSOCIATES, LLC</b>				Secretary of State (SOS) file number or Comptroller file number <b>0801414164</b>			
Mailing address <b>1406 SOUTHMORE BLVD</b>							
City <b>HOUSTON</b>		State <b>TX</b>		ZIP Code <b>77004</b>		Plus 4	

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Principal place of business

*Please sign below!*

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SECTION A Name, title and mailing address of each officer, director or manager.

3204408402118

Name <b>RAY L SHACKELFORD</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>1406 SOUTHMORE BLVD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77004</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **RAY L SHACKELFORD**  Blacken circle if you need forms to change the registered agent or registered office information.

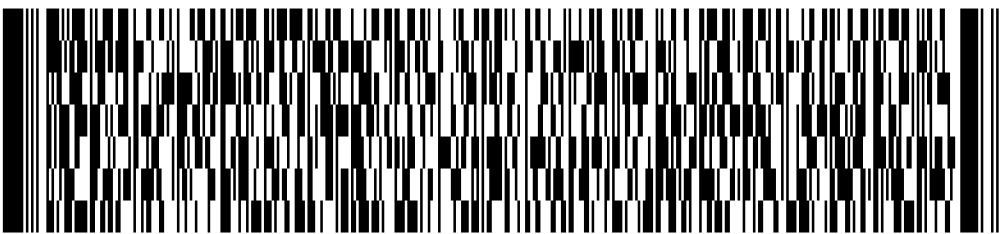
Office: **3241 OZARK** City **HOUSTON** State **TX** ZIP Code **77021**

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sign here **Natasha Martinez** Title **Electronic** Date **11-15-2018** Area code and phone number **( 713 ) 654 - 4115**

Texas Comptroller Official Use Only



VE/DE  PIR IND



# Texas Franchise Tax Public Information Report



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ **Tcode** 13196 Franchise

■ Taxpayer number

■ Report year

*You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.*

3 2 0 4 4 0 8 4 0 2 1

2 0 2 0

Taxpayer name <b>SHACKELFORD &amp; ASSOCIATES, LLC</b>				Secretary of State (SOS) file number or Comptroller file number <b>0801414164</b>	
Mailing address <b>1406 SOUTHMORE BLVD</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77004</b>	Plus 4	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>1406 SOUTHMORE BLVD HOUSTON TX 77004</b>
Principal place of business <b>1406 SOUTHMORE BLVD HOUSTON TX 77004</b>

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



**SECTION A** Name, title and mailing address of each officer, director or manager.

3204408402120

Name <b>RAY L SHACKELFORD</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration	m <b>1</b>	m <b>2</b>	d <b>3</b>	d <b>1</b>	y <b>9</b>	y <b>9</b>
Mailing address <b>1406 SOUTHMORE BLVD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77004</b>						
Name	Title	Director <input type="radio"/> YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director <input type="radio"/> YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						

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Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

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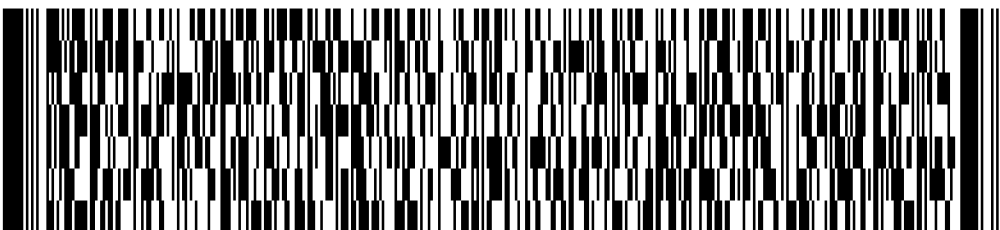
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: <b>RAY L SHACKELFORD</b>							
Office: <b>3241 OZARK</b>	City: <b>HOUSTON</b>	State: <b>TX</b>	ZIP Code: <b>77021</b>				

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here <b>Amy J Jackson</b>	Title <b>Electronic</b>	Date <b>10-15-2020</b>	Area code and phone number <b>( 409 ) 866 - 6400</b>
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**Texas Comptroller Official Use Only**



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

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Taxpayer name <b>SHACKELFORD &amp; ASSOCIATES, LLC</b>				Secretary of State (SOS) file number or Comptroller file number <b>0801414164</b>			
Mailing address <b>1406 SOUTHMORE BLVD</b>							
City <b>HOUSTON</b>		State <b>TX</b>		ZIP Code <b>77004</b>		Plus 4	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>1406 SOUTHMORE BLVD HOUSTON TX 77004</b>
Principal place of business <b>1406 SOUTHMORE BLVD HOUSTON TX 77004</b>

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



**SECTION A** Name, title and mailing address of each officer, director or manager.

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Name <b>RAY L SHACKELFORD</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>1406 SOUTHMORE BLVD</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77004</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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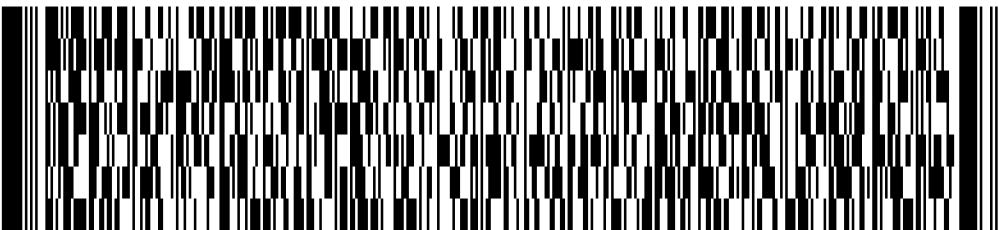
Registered agent and registered office currently on file. (see instructions if you need to make changes)			
Agent: <b>RAY L SHACKELFORD</b>	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.		
Office: <b>3241 OZARK</b>	City: <b>HOUSTON</b>	State: <b>TX</b>	ZIP Code: <b>77021</b>

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here <b>Amy J Jackson</b>	Title <b>Electronic</b>	Date <b>06-15-2021</b>	Area code and phone number <b>( 409 ) 866 - 6400</b>
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