

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000309

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: SHACKELFORD, L.C.

**Current Principal Place of Business:**

PO BOX 91  
ELLENTON, FL 34222

**New Principal Place of Business:**

3106 81ST COURT EAST  
BRADENTON, FL 34212

**Current Mailing Address:**

PO BOX 91  
ELLENTON, FL 34222

**New Mailing Address:**

FEI Number: 65-0975216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHACKELFORD, BRUCE  
9928 SR64 EAST  
BRADENTON, FL 34212 US

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

SHACKELFORD, BRUCE  
3106 81ST COURT EAST  
BRADENTON, FL 34212 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:

04/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PART ( ) Delete  
Name: SHACKELFORD, BRUCE  
Address: PO BOX 91  
City-St-Zip: ELLENTON, FL 34222

Title: PART ( ) Delete  
Name: JAMES, KAREN  
Address: 25426 RANCAQUA DR.  
City-St-Zip: PUNTA GORDA, FL 33983

Title: PART ( ) Delete  
Name: SHACKELFORD, GARY L  
Address: 7310 15TH AVE. N.W.  
City-St-Zip: BRADENTON, FL 34209

Title: PART ( ) Delete  
Name: SHACKELFORD, LELAND  
Address: 3212 COUNTRY RIVER DR.  
City-St-Zip: PARRISH, FL 34219

Title: PART ( ) Delete  
Name: SHACKELFORD, BRENT  
Address: PO BOX 91  
City-St-Zip: ELLENTON, FL 34222

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRUCE SHACKELFORD

MGR

04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date