

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000309

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: SHACKELFORD, L.C.

**Current Principal Place of Business:**

3106 81ST COURT EAST  
BRADENTON, FL 34212

**New Principal Place of Business:**

**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  
3106 81ST COURT EAST  
BRADENTON, FL 34212 US

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

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

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

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

I hereby 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

PART

02/16/2011

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