


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90227 005 ***138.75

DOCUMENT # L03000049275

1. Entity Name
 SHANANDOAH SHANE CHRISTLIEB LLC




Principal Place of Business
 14220 SE 27TH CT 13595 SE 51ST Ave
 SUMMERFIELD, FL 34491

Mailing Address
 14220 SE 27TH CT 13595 SE 51ST Ave
 SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

60013263



02202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0448411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTLIEB, SHANANDOAH S
 16625 SE 104TH TERRACE
 SUMMERFIELD, FL 34491

13595 SE 51ST Ave
 Summerfield FL 34491

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTLIEB, SHANANDOAH S 14220 SE 27TH CT 13595 SE 51 ST Ave SUMMERFIELD, FL 34491 Summerfield FL 34491
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Shanandoah S Christlieb* Date: *2-29-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #