

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000079225

1. Entity Name
SHADES OF MAHOGANY, LLC



FILED

07 AUG 31 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3988 PINTA COURT
TALLAHASSEE, FL 32303 US

Mailing Address

3988 PINTA COURT
TALLAHASSEE, FL 32303 US



08282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2161793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILLYAU, DANTE' D
3988 PINTA COURT
TALLAHASSEE, FL 32303

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FILLYAU, DANTE D
3988 PINTA COURT
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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09/07/07--01035--022 **50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #