

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022850

FILED  
Aug 12, 2009  
Secretary of State

Entity Name: SHANJACE ENTERPRISES, LLC

## Current Principal Place of Business:

9109 ASTONIA WAY  
ESTERO, FL 33967

## New Principal Place of Business:

9109 ASTONIA WAY  
FORT MYERS, FL 33967

## Current Mailing Address:

9109 ASTONIA WAY  
ESTERO, FL 33967 US

## New Mailing Address:

9109 ASTONIA WAY  
FORT MYERS, FL 33967 US

FEI Number: 45-0591398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ISSERTELL, JOSEPH F  
9109 ASTONIA WAY  
ESTERO, FL 33967 US

## Name and Address of New Registered Agent:

ISSERTELL, JOSEPH F  
9109 ASTONIA WAY  
FORT MYERS, FL 33967 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: JOSEPH F. ISSERTELL

08/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ISSERTELL, KAREN L  
Address: 9109 ASTONIA WAY  
City-St-Zip: ESTERO, FL 33967 US

Title: MGRM ( ) Delete  
Name: ISSERTELL, JOSEPH F  
Address: 9109 ASTONIA WAY  
City-St-Zip: ESTERO, FL 33967 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ISSERTELL, KAREN L  
Address: 9109 ASTONIA WAY  
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGRM (X) Change ( ) Addition  
Name: ISSERTELL, JOSEPH F  
Address: 9109 ASTONIA WAY  
City-St-Zip: FORT MYERS, FL 33967 US

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: JOSEPH F ISSERTELL

MR.

08/12/2009

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