

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90371 030 ****50.00

DOCUMENT # L99000000279

1. Entity Name
1200 SHETTER AVENUE, L.C.



Principal Place of Business
1200 SHELTER AVE
JACKSONVILLE BEACH, FL 32250

Mailing Address
POB 2766
PONTE VEDRA BEACH, FL 32004

60038845



2. Principal Place of Business - No P.O. Box #
1160 SHETTER AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007 Chg-LLC CR2E083 (12/06)

City & State

Jacksonville Beach FL

City & State

4. FEI Number
59-3550122

Applied For
Not Applicable

Zip
32250

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNER, TIMOTHY J
1200 SHETTER AVE
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name Arthur Kirschman
Street Address (P.O. Box Number is Not Acceptable)
1160 SHETTER AVE
JACKSONVILLE BEACH, FL
City JACKSONVILLE BEACH FL Zip Code 32250

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, the registered agent.

SIGNATURE

Arthur Kirschman

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME BENNER, TIMOTHY J
STREET ADDRESS 1200 SHETTER AVE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KIRSCHMAN, ARTHUR
STREET ADDRESS 1200 SHETTER AVE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE ☒ Change ☐ Addition
NAME MGRM
STREET ADDRESS ARTHUR KIRSCHMAN
CITY-ST-ZIP P.O. Box 1395
Ponte Vedra Beach, FL 32004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Arthur Kirschman MANAGING MEMBER Arthur Kirschman

4/18/07

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

Date

Daytime Phone #