

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000095165

Entity Name: SHIA PRESS, L.L.C.

Current Principal Place of Business:

1644 DOLPHIN LANE
SARASOTA, FL 34236

Current Mailing Address:

P.O. BOX 2501
SARASOTA, FL 34230 US

FEI Number: 46-3114399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORAN, JOHN A
22 S. LINKS AVE.
SARASOTA, FL 34236 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MANN, RACHEL K	Name	JONES, CATHERINE A
Address	P.O. BOX 2501	Address	105 S. ARNAZ
City-State-Zip:	SARASOTA FL 34230	City-State-Zip:	OJAI CA 93023

Title AUTHORIZED MEMBER
Name LIPKIN, JAN W
Address 2939 VAN NESS ST NW
APT 1116
City-State-Zip: WASHINGTON DC 20008

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAN W. LIPKIN

AUTHORIZED MEMBER

04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date