2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004939

1. Entity Name
SHAVER HOLDINGS, LLC

Principal Place of Business	Mailing Address
750 HAROLD AVENUE WINTER PARK, FL 32789	750 HAROLD AVENUE WINTER PARK, FL 32789

01032005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642032

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAVER, JAMES A
750 HAROLD AVENUE
WINTER PARK, FL 32789

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 _____
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, 2005

U00000195085
01/26/05-80013-019 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SHAVER, RONALD E
STREET ADDRESS	7611 LAKE OLA DR.
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	T
NAME	SHAVER, RONALD E
STREET ADDRESS	7611 LAKE OLA DR.
CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	VP
NAME	SHAVER, JAMES A
STREET ADDRESS	17624 COBBLESTONE LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	S
NAME	SHAVER, JAMES A
STREET ADDRESS	17624 COBBLESTONE LANE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1-18-2005 407.447.7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #