

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90083 045 \*\*\*\*50.00

**DOCUMENT # L01000019975**

1. Entity Name  
**SHOPPERASSISTANT, LLC**



Principal Place of Business

1401 MANATEE AVE W  
SUITE 910  
BRADENTON, FL 34205

Mailing Address

1401 MANATEE AVE W  
SUITE 910  
BRADENTON, FL 34205

900120000



04202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRELL, FREDERICK J  
1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON, FL 34205

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MGRM~~  
NAME ~~MURRELL, FREDERICK J~~  
STREET ADDRESS ~~1401 MANATEE AVENUE WEST, STE. 910~~  
CITY-ST-ZIP ~~BRADENTON, FL 34205~~

*Delede*

TITLE MGRM  
NAME MARSHBURN, KENN A  
STREET ADDRESS 1401 MANATEE AVE W STE 910  
CITY-ST-ZIP BRADENTON, FL 34205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

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

Date

Daytime Phone #

*Frederick J. Murrell, Registered Agent 4/21/2005*

941-741-8906