

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018958**

1. Entity Name  
**MCSHEF VENTURES, LLC**



Principal Place of Business  
**1431 TROUT DRIVE  
PANAMA CITY, FL 32411**

Mailing Address  
**P.O. BOX 28329  
PANAMA CITY, FL 32411-8329**

**DO NOT WRITE IN THIS SPACE**



04202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**54-2096912**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHEFFELD, SUZANNE M  
1431 TROUT DRIVE  
PANAMA CITY, FL 32411**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000932103  
05/22/08-80042-003 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHEFFIELD, SUZANNE M 1431 TROUT DRIVE PANAMA CITY, FL 32411</b>
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IN THIS SPACE**

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:**

**SUZANNE M. SHEFFELD**  
*Suzanne M. Sheffield*

**850-233-0156**

**4/20/08**

Date **4/20/08** Daytime Phone # \_\_\_\_\_