

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000021302

1. Entity Name
A. SHADE ABOVE, LLC



Principal Place of Business
**3315 SOUTH DIXIE HWY.
WEST PALM BEACH FL 33405**

Mailing Address
**3315 SOUTH DIXIE HWY.
WEST PALM BEACH FL 33405**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number **22-3866423** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ENGEL, KENDAL R
3315 SOUTH DIXIE HWY.
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Kendal R Engel* *Kendal R Engel* **3/8/06**
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ENGEL, KENDAL R 3315 SO DIXIE HWY WEST PALM BEACH FL 33405 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000455789 ☐ Change ☐ Add 03/23/06-80023-018 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kendal R Engel* *Kendal R Engel* **3/8/07** **561-835-9870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date