

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 16, 2007 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**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ENGEL, KENDAL R
STREET ADDRESS	3315 SO DIXIE HWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

TITLE	
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CITY-ST-ZIP	

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**DO NOT WRITE
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: Kendal R Engel

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

3/14/07 1-561-835-9870

Date

Daytime Phone #