2007 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUA	L REPORT	
DOCUMENT # L03000036060  1. Entity Name SHS MAINTENANCE, LLC		
Principal Place of Business	Mailing Address	

BK

2020 W. PENSACOLA STREET SUITE 27

TALLAHASSEE, FL 32304

PO BOX 2535

TALLAHASSEE, FL 32316

FILED

07 APR 27 AM 8: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01252007 No Chg-LLC

CR2E083 (11/05)

FFI Number		Applied For
56-2383741		Not Applicable
5 0 00 0 000 0	S5.00 Additional	

Fee Required

6. Name and Address of Current Registered Agent

LEONI, STEVEN M 2020 W. PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304

the obligations of registered agent.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F!	iling Fee is \$50.00 ue by May 1, 2007		-
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHS MANAGEMENT, LLC PO BOX 2535 TALLAHASSEE, FL 32316	BK	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10010 05/07/07010	1634171 006022 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			·
TITLE NAME STREET ADORESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s ability company or the receiver or flustee empowered to the	quality for the exemptions contained in Chapter 119, Florida Statubal have the same legal effect as if made under oath; that I am a south this report as required by Chapter 608, Florida Statutes.	ites. I further certify that the information a managing member or manager of the

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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