

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90189 024 \*\*\*143.75

**DOCUMENT # L03000046824**

1. Entity Name  
**DOUGLAS M. SHIELDS, LLC.**



Principal Place of Business

**16232 RAMBLING VINE DR W  
TAMPA, FL 33624 US**

Mailing Address

**16232 RAMBLING VINE DR W  
TAMPA, FL 33624 US**

**519 Lindsay Anne Ct.  
Plant City, Fla 33563 US**



02082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**77-0164491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHIELDS, DOUGLAS M  
16232 RAMBLING VINE DR W  
TAMPA, FL 33624**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHIELDS, DOUGLAS M
STREET ADDRESS	16232 RAMBLING VINE DR W
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	"This is my NEW Address;"
NAME	519 Lindsay Anne Ct.
STREET ADDRESS	Plant City, Fla. 33563
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 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:

*Douglas M. Shields*

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

*4/25/08*

Date

Daytime Phone #