

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # L04000000949

1. Entity Name
SHUNGO GROUP, LLC



Principal Place of Business
**329 COUNTY LINE RD., EAST
LUTZ, FL 33549**

Mailing Address
**329 COUNTY LINE RD., EAST
LUTZ, FL 33549**

DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1376952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, RANDELL M
315 S. HYDE PARK AVENUE
TAMPA, FL 33606**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
HOOVER, DENNIS L
329 COUNTY LINE RD E
LUTZ, FL 33549**

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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05/20/06-80001-009 50.00

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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:

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

Dennis L. Hoover

4/26/06

Date

Daytime Phone #