

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002442

Entity Name: SHAW IRRIGATION, LLC.

**FILED**  
**May 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5191 COUNTRY LAKES DRIVE  
FT. MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50926  
FT. MYERS, FL 33994

**New Mailing Address:**

FEI Number: 26-0078578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAW, JASON P  
5191 COUNTRY LAKES DRIVE  
EAST FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNGR  
Name: SHAW, JASON P MR.  
Address: 5191 COUNTRY LAKES DR.  
City-St-Zip: FT. MYERS, FL 33905 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JASON SHAW

MR

05/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date