## 2005 LIMITED LIABILITY COMPANY

## Apr 19, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000011957** 04-19-2005 90024 020 \*\*\*\*55.00 1. Entity Name EL SHADDAI & SON, LLC Principal Place of Business Mailing Address 710 STONE STREET PO BOX 3262 COCOA, FL 32922 COCOA, FL 32924 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 37*148445*3 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING ENTERPRISE Street Addres 817 DIXON BLVD tone SUITE - 9D COCOA, FL 32922 City 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change ☐ Delete TILE ☐ Addition NAME WEAVER, ROLANDER C JR. 710 STONE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

D OR PRINTED NAME OF SIGNING MANAGERG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #