

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90071 010 ****50.00

DOCUMENT # L04000023063

1. Entity Name
SHIRL-HOME INVESTMENTS LLC



Principal Place of Business
**2225 N COMMERCE PARKWAY
SUITE #9
WESTON, FL 33326**

Mailing Address
**2225 N COMMERCE PARKWAY
SUITE #9
WESTON, FL 33326**

2. Principal Place of Business

4967 Brightmour Circle

Suite, Apt. #, etc.

3. Mailing Address

4967 Brightmour Circle

Suite, Apt. #, etc.



04112006 Chg-LLC CR2E083 (11/05)

City & State
Orlando FL

Zip
32837

Country
USA

City & State
Orlando FL

Zip
32837

Country
USA

4. FEI Number
72-1594344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIRLEY, PIERRE A
2225 N COMMERCE PARKWAY
SUITE #9
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

MGR

4/29/06

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHIRLEY, PIERRE A
2225 N COMMERCE PARKWAY, SUITE #9
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIRLEY, AUDREY T
2225 N COMMERCE PARKWAY, SUITE #9
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIRLEY, ANDRAL S
2225 N COMMERCE PARKWAY, SUITE #9
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SHIRLEY, PIERRE A
4967 Brightmour Circle
Orlando FL 32837** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIRLEY, AUDREY T
4967 Brightmour Circle
Orlando FL 32837** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIRLEY, ANDRAL S
4967 Brightmour Circle
Orlando FL 32837** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHIRLEY, Nicole
4967 Brightmour Circle
Orlando FL 32837** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]

4/29/06

407-454-8856

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

Date

Daytime Phone #