

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026962

Entity Name: SHAMP FAMILY, LLC

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

233 S. FEDERAL HIGHWAY
#919
BOCA RATON, FL 33432

New Principal Place of Business:

2330 NW 102ND TERRACE
PEMBROKE PINES, FL 33026

Current Mailing Address:

233 S. FEDERAL HIGHWAY
#919
BOCA RATON, FL 33432

New Mailing Address:

2330 NW 102ND TERRACE
PEMBROKE PINES, FL 33026

FEI Number: 20-2294041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMP, ANDREW M
233 SOUTH FEDEAL HIGHWAY
SUITE 919
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SHAMP, SHELLEY
2330 NW 102ND TERRACE
PEMBROKE PINES, FL 33026 US

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: SHELLEY SHAMP

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAMP, ANDREW
Address: 233 SOUTH FEDERAL HIGHWAY SUITE 919
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: SHAMP, SHELLEY
Address: 2330 NW 102 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAMP, ANDREW
Address: PO BOX 1664
City-St-Zip: BOCA RATON, FL 33429

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANDREW SHAMP

MGRM

03/31/2008

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