

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 13 PH 2: 05

DOCUMENT # L04000029075

1. Entity Name
SHORT BOYS LLC



Principal Place of Business
~~5447~~ PEDRICK PLANTATION CIRCLE
TALLAHASSEE, FL 32317 US

Mailing Address
5447 PEDRICK PLANTATION CIRCLE
TALLAHASSEE, FL 32317 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5547 Pedrick Plantation Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TALL FL 32317

City & State

City & State

TALL FL

Zip

Country

Zip

Country

32317

09042007 Chg-LLC CR2E083 (12/06)

4. FEI Number

651225518

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONEY, MICHAEL W
5447 PEDRICK PLANTATION CIRCLE
TALLAHASSEE, FL 32317

5547 Pedrick Plantation Cir

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, 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 September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MONEY, MICHAEL W
STREET ADDRESS 5447 PEDRICK PLANTATION CIRCLE
CITY- ST- ZIP TALLAHASSEE, FL 32317

TITLE ☐ Change ☐ Addition
NAME 5547
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME 700109414027
STREET ADDRESS 09/13/07--01028--013 ***300.00
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #