2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/24/2

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-24-2007 90053 004 ****50.00

DOCUMENT # L04000036413

1. Entity Name
LASATER & SHIELDS, LLC

Principal Place of Business	Mailing Address
701 SOUTHERN CT. GULF BREEZE, FL 32561	701 SOUTHERN CT. GULF BREEZE, FL 32561

DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4281446
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIELDS, DEBRA
701 SOUTHERN CT.
GULF BREEZE, FL 32561

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LASATER, DOUG
STREET ADDRESS	7399 JUDGE MCCALL DR
CITY-ST-ZIP	MILTON, FL 32570
TITLE	MGRM
NAME	SHIELDS, DEBRA SHEBBIE
STREET ADDRESS	701 SOUTHERN COURT
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Debra Shields 2-10-07 850 291 4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #