

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036413

**Entity Name:** LASATER & SHIELDS, LLC

**FILED**  
**May 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 13-4281446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHIELDS, DEBRA  
2 FAIRPOINT PLACE  
GULF BREEZE, FL 32561      US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LASATER, DOUG  
**Address:** 7399 JUDGE MCCALL DR  
**City-St-Zip:** MILTON, FL 32570

**Title:** MGRM  
**Name:** SHIELDS, DEBRA SHEBBIE  
**Address:** 2 FAIRPOINT PLACE  
**City-St-Zip:** GULF BREEZE, FL 32561

I hereby 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:** DEBRA SHIELDS

MS

05/20/2010

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