

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90238 049 \*\*\*138.75

**60020702**



03062008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000047750</b> 1. Entity Name <b>SHOOP HAY SERVICE, LLC</b>					
Principal Place of Business <b>P.O. BOX 1024 RIVERVIEW, FL 33568</b>			Mailing Address <b>P.O. BOX 1024 RIVERVIEW, FL 33568</b>		
2. Principal Place of Business - No P.O. Box # <b>15633 CARLTON LAKE RD</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 204</b>			
City & State <b>WIMAUMA FL</b>		City & State <b>BALM, FL</b>		4. FEI Number <b>20-1297122</b>	
Zip <b>33598</b>	Country <b>HILLS</b>	Zip <b>33503</b>	Country <b>HILLS.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, STEVEN A 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM: SHOOP, JERRY L PO BOX 1024 RIVERVIEW, FL 33568</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Jerry L. Shoop</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-3-08 813-633-0874 <small>Date Daytime Phone #</small>		