2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000048804

SHIVER'S MASONRY SPECIALISTS, LLC



FILED Mar 05, 2007 08:00 A **Secretary of State**

Principal Place of Business

461 SW MONROE AVE. MAYO, FL 32066

Mailing Address

461 SW MONROE AVE. MAYO, FL 32066



02222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0725528

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIVER, TODD A 461 SW MONROE AVE. MAYO, FL 32066

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The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida.	l am familiar with, and accept
SIGNATURE		·	
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		DATE
		00000065	351

Filing Fee is \$50.00 Due by May 1, 2007

03/14/07-80063-019 50.00

MANAGING MEMBERS/MANAGERS 9. TITLE MGRM SHIVER, TODD A NAME STREET ADDRESS 461 SW MONROE AVE CITY-ST-ZIP MAYO, FL 32066 TITLE NAME 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 engagement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

386 -688-335.

Daytime Phone #