


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000051550 1. Entity Name NATHAN ALLEN SHUTTS, LLC	
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Principal Place of Business 752 PETE'S LANE DAVENPORT, FL 33837 US	Mailing Address 233 GRAND RESERVE DRIVE DAVENPORT, FL 33837 US
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DO NOT WRITE IN THIS SPACE



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1353718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHUTTS, NATHAN A
600 MISSISSIPPI AVENUE
ST. CLOUD, FL 34769**

**DO NOT WRITE
IN THIS SPACE**

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 Nathan Shotts Nathan A Shotts 1-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000781871
01/15/08 80052-005 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHUTTS, NATHAN A 600 MISSISSIPPI ST. CLOUD, FL 34769
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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: Nathan Shotts Nathan A Shotts 1-11-08 813-420-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #