

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064154

FILED
May 08, 2009
Secretary of State

Entity Name: SHALER LLC

Current Principal Place of Business:

621 NORTH 2ND STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

621 NORTH 2ND STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 57-0591223 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:

Name and Address of New Registered Agent:

SHALER, SCOTT R
5301 HICKORY DR.
FORT PIERCE, FL 34982 US

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: MGR () Delete
Name: SHALER, SCOTT
Address: 5301 HICKORY DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM () Delete
Name: SHALER, KIMBERLY A
Address: 5301 HICKORY DR.
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT SHALER

MGR

05/08/2009

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