2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State 07-18-2005 90109 040 ****50.00

DOCUI 1. Entity Nam SHAKE IT	е	# L040000693		07-18-2005 90109 040 ****50.00						
Principal Place of Business 3901 69TH ST N ST. PETERSBURG, FL 33709 US			Mailing Address 3901 69TH ST N ST. PETERSBURG, FL 33709 US		US		in galu bigin qasii bijil b	<u>-</u>		TO IN ITAL
2. Principal P	lace of Busin	ness	3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07112005	Chg-LLC	CR2E0	33 (10/03)	
City & State			City & State			4. FEI Numb	o-16611	612		plied For t Applicable
Zip		Country	Zip	Coun	try -		e of Status Desired	· · · · · ·	\$5.00 Add Fee Require	
	6. Name	and Address of Current F	Registered Agent	7. Name and Address of New Registered Agent Name						
KACHUCH	IA, MARK				Address (C.O. Day Myrchar is Not Assessable)					
3901 66TH ST. PETER		FL 33709		3901	Street Address (P.O. Box Number is Not Acceptable)					
			}		City		-	FL	Zip Code	
9 The above	named entit	y submits this statement for	the purpose of changing its	register	ad office or registe	red agent or b	oth, in the State of I		amiliar with	and accept
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										
	ing Fee i by Septer	s \$50.00 nber 7, 2005					Make check payable to Florida Department of State			
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITION	S/CHANGES		
TITLE	MGRM		☐ Delete	TITL NAM	l l				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	3901 69T	ACHUCHA H ST N :RSBURG, FL 33709		EET ADDRESS '-SI-ZIP						
TITLE		·	☐ Delete	TITL	E				Change	Addition
NAME			NAM Stre		IE EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				1	'-SI-ZIP					
TITLE			☐ Delete	1MF	ŀ				Change	Addition
NAME STREET ADDRESS				NAM STRI	EET ADDRESS					
CITY-ST-ZIP					'-ST-ZIP					
TITLE			☐ Delete	TITL	I				☐ Change	☐ Addition
NAME Street Address				NAM STRI	EET ADDRESS					
CITY-ST-ZIP			-vi-lat-sa sa sa sa sa	CITY	'-ST-ZIP				,	
TITLE NAME			☐ Delete	TITL	I				☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	<u> </u>	•		_	r-ST-ZIP				(T) (N	- Addition
TITLE NAME			☐ Delets	TITL					□ Change	☐ Addition
STREET ADORESS					EET ADDRESS					
CITY-ST-ZIP	nordify that th	no information expelled with	thin filing door not as fitting		(-ST-ZIP	Pection 110 07/5	Wil Florida Statuta	e I further con	lify that the i	nformation
11. I hereby certify that the information supplied with this filing does not cyclify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature stall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the eceiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE:										
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAM MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Prone #										