2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087957

Entity Name: SHEASAM, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

114 SOUTH PARK AVENUE 6109 S CIRCLE DR

SANFORD, FL 32771 US TALLASSEE, TN 37878 US

Current Mailing Address: New Mailing Address:

114 S PARK AVE 6109 S CIRCLE DR

SANFORD, FL 32771 US TALLASSEE, TN 37878 US

FEI Number: 84-1663351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAMPION, DONNA HOLCOMB, SANDRA
114 S PARK AVE 6109 S CIRCLE DR

SANFORD, FL 32771 US TALLASSEE, FL 37878 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: SANDRA HOLCOMB 04/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 HOLCOMB, SANDRA
 Name:
 HOLCOMB, SANDRA

 Address:
 114 S PARK AVE
 Address:
 6109 S CIRCLE DR

 City-St-Zip:
 SANFORD, FL 32771 US
 City-St-Zip:
 TALLASEE, TN 37878 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:CHAMPION, DONNAName:CHAMPION, DONNAAddress:114 S PARK AVEAddress:6109 S CIRCLE DRCity-St-Zip:SANFORD, FL 32771 USCity-St-Zip:TALLASSEE, TN 37878 US

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: SANDRA HOLCOMB MGRM 04/01/2009