

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093548

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: SHOAF, LLC

**Current Principal Place of Business:**

919 SHADOWLAWN DRIVE  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

919 SHADOWLAWN DRIVE  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

FEI Number: 20-2073815      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COSTIN, CHARLES A  
413 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456 US

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

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: MGRM ( ) Delete  
Name: SHOAF, STUART L  
Address: P.O. BOX 772  
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: MGRM ( ) Delete  
Name: SHOAF, CHARLES A  
Address: P.O. BOX 772  
City-St-Zip: PORT ST. JOE, FL 32457 US

Title: MGRM ( ) Delete  
Name: SHOAF, JASON S  
Address: 919 SHADOWLAWN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 US

**ADDITIONS/CHANGES:**

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

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: JASON S. SHOAF

MGRM

01/08/2008

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