

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-16-2005 90291 046 ****50.00

DOCUMENT # L05000000412 1. Entity Name SHOULTS, LLC					
Principal Place of Business 925 BAMBI DRIVE DESTIN, FL 32541			Mailing Address 925 BAMBI DRIVE DESTIN, FL 32541		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent HART, ROBERT D JR 125 N. ROMANA STREET, SUITE 800 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name RAY SHOULTS Street Address (P.O. Box Number is Not Acceptable) 925 BAMBI DRIVE City DESTIN FL Zip Code 32541	
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 <u><i>Ray Shoults</i></u> (NOTE: Registered Agent signature required when reappointing) DATE 3-13-05					
Filing Fee is \$50.00 Due by May 1, 2008			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Ray Shoults</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3-13-05 Daytime Phone # 850-837-0392		

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